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Apr 21, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052267

1. Corporation Name  
SIPAN CORPORATION

Principal Place of Business

168 SE 1 ST  
# 1101  
MIAMI FL 33131  
US

Mailing Address

701 BRICKELL AVENUE  
SUITE 2150  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 1643 BRICKELL AVENUE

27 Suite, Apt. #, etc.

# 3205

28 City & State

MIAMI - FL

29 Zip

33129

30 Country

USA

3. Date Incorporated or Qualified

07/27/1993

4. FEI Number

65-0425450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CARNEIRO DA CUNHA, JOSE MARIA  
701 BRICKELL AVE, STE. 2150  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name JOSE MARIA CARNEIRO DA CUNHA

82 Street Address (P.O. Box Number is Not Acceptable)

1643 BRICKELL AVENUE SUITE 3205

83

84 City MIAMI

FL

85 Zip Code

33129

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JOSE MARIA CARNEIRO DA CUNHA

DATE

4/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME LEONE, ALDO  
STREET ADDRESS 261 CRANDON BLVD #835  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VPS ☐ DELETE

NAME OLGA, LEONE M  
STREET ADDRESS 261 CRANDON BLVD. #385  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99 (305) 3759225

CR2E034 (11/98)