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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001870 (2)

1. Corporation Name
SYLKA MANAGING COMPANY, INC.



Principal Place of Business
38 S. FEDERAL HWY
DANIA FL 33004

Mailing Address
P.O. BOX 22
DANIA FL 33004-0022

3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 09/06/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
DE GASPE, PIERRE
~~6890 DAKESHORE DRIVE~~
~~FORT LAUDERDALE FL 33312~~
38S. Fed. Hwy
DANIA FL. 33004

10. Name and Address of New Registered Agent
81 Name Pierre de GASPE
82 Street Address (P.O. Box Number is Not Acceptable)
~~388 Fed. Hwy~~
Dania FL 33004
83
84 City FL 85 Zip Code 33004

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 (NOTE: Registered Agent signature required when reinstating) Date 2/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	ROY, SYLVAIN DR	1.2 NAME	De Gaspe, PIERRE-EMANUEL
STREET ADDRESS	123 E 54TH ST SUITE 6C	1.3 STREET ADDRESS	(P.O. Box 22) 38S. Fed. Hwy
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	DANIA FL. 33004
TITLE	DST	2.1 TITLE	DST
NAME	DE GASPE, PIERRE-EMANUEL	2.2 NAME	Roy, SYLVAIN DR.
STREET ADDRESS	P.O. BOX 22 N/A	2.3 STREET ADDRESS	246 E. 46th ST.
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	APT. 5B, N. Y. N. Y. 10017
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PIERRE de GASPE Pres. 561-642-9227 Date Daytime Phone #

CR2E034 (9/96)