FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000017544 (5)

1. Corporation Name
SIB-CON, INC.

Principal Place of Business	Mailing Address
2700 N.W. 112TH AVE MIAMI FL 33172	2700 N.W. 112TH AVE. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 2740 N.W. 112 Ave.	26 2740 N.W. 112 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33172 Country 25 Dade	Zip 29 33172 Country 30 Dade

4. FEI Number: 65-0483795 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGAL, SIMON
2700 NW 112 AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Bernardo Kopel
82 Street Address (P.O. Box Number is Not Acceptable): 2740 N.W. 112 Ave.
83
84 City: Miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 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: Bernardo Kopel 6/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	SEGAL, SIMON		1.2 NAME	Bernardo Kopel	
STREET ADDRESS	2700 N.W. 112TH AVE.		1.3 STREET ADDRESS	2740 N.W. 112 Ave.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	DST	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	KOPEL, BERNARDO		2.2 NAME	SIMON SEGAL	
STREET ADDRESS	2700 N.W. 112TH AVE.		2.3 STREET ADDRESS	2740 N.W. 112 Ave.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	TOUCH'S TOUCH	
STREET ADDRESS			6.3 STREET ADDRESS	06/23/98--01082--016	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***300.00	

6.22

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.

SIGNATURE: 6/22/98 (305)592-7110

CR2E034 (10/97)