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

CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000051661 (4)

SICARD DEVELOPMENT, INC. Principal Place of Business Mailing Address 11767 8 DIXIE HIGHWAY 11767 S DIXIE HIGHWAY MIAMI FL 33156 MIAMI FL 33156-4438 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1994 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 65-0506452 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes 🔲 No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZAIAC, MANUEL 100 SE 2ND STREET SUITE 2350 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 85 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, it 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) Signature, typed or printed name of registered agent and title if applicable 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE Change 1.1 JIII E SICARD, GREGORY NAME 1.2 NAME CR2E034 16445 COLLINS AVE #2724 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL DITY-ST-ZIP 1.4 C/TY - ST - Z/P DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - Z(P DETETE Change Addition TITLE 3.1 THLE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS City-ST-ZIP 3 4. CHTY - \$1 - 2/P DELETE Change Add-tion TITLE 4.1 TULE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADURESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 18(1 NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 THUE NAME 6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

STREET ADDRESS

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 eath; 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 or an area with an address. 4/25/97

FILED

May 01 1997 8:00am

Secretary of State