

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

56 JUL 12 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066069 (3)**

1. Corporation Name

SISPCA CORPORATION

Principal Place of Business

Mailing Address

**7720 SW 144TH ST
MIAMI FL 33158**

**7720 SW 144TH ST
MIAMI FL 33158**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

09/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0529046

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARDOCH, HYSE E
7720 SW 144TH ST
MIAMI FL 33158**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed in print in block letters and the applicable

(NOTE: Registered Agent signature required after reinstatement)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	DPST ☒ DELETE
NAME	RUGGIERO, YOLANDA
STREET ADDRESS	7720 SW 144TH ST
CITY - ST - ZIP	MIAMI FL 33158

TITLE	DP ☐ DELETE
NAME	CARDOCH, HYSE E
STREET ADDRESS	7720 SW 144th St
CITY - ST - ZIP	MIAMI, FLORIDA 33158

TITLE	ST ☐ DELETE
NAME	RUGGIERO, YOLANDA
STREET ADDRESS	7720 SW 144th St
CITY - ST - ZIP	MIAMI, FLORIDA 33158

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	
11 TITLE	☐ Change ☐ Addition
12 NAME	000001891970
13 STREET ADDRESS	-07/12/96--01035--002
14 CITY - ST - ZIP	****233.75 ****233.75
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hyse E Cardoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HYSE ENRIQUE CARDOCH 7/11/96 (305) 232-1863

CR2E034 (3/96)