FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

May 1

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000069634 (1)**

1. Corporation Name

"SIJAN, INC."

Principal Place of Business	Mailing Address
CAFE PAPILLON 530 LINCOLN RD MIAMI BEACH FL 33139 US	530 LINCOLN RD MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: **09/19/1994**
3a. Date of Last Report: **06/26/1995**

4. FEI Number: **65-0528576** — 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

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

9. Name and Address of Current Registered Agent

SIME, STANTIC
1500 BAY ROAD #646
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 Section 617.0502 and Sec. 1602, 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SIME, STANTIC		1 NAME	
STREET ADDRESS	1500 BAY ROAD #646		1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	PFISTER, ROBERT		2 NAME	
STREET ADDRESS	1500 BAY RD 646		2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	STANTIC, DELINN		3 NAME	
STREET ADDRESS	1500 BAY RD 640		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		3 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	STANTIC, DELINN		4 NAME	
STREET ADDRESS	1500 BAY RD 646		4 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEHAC FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, 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 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: _____ SIME STANTIC 4.4.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)