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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P 94000087164
1. Corporation Name
SIGIBIAL INTERNATIDNAL SUPPLIES, INC.

2. Principal Place of Business Mailing Address
8250 N.W SOUTH RIVER DRIVE
MIAMI, FL 33166

3. Date Incorporated or Qualified	3a. Date of last Report
DEC. 1, 94	1996
4. FEI Number	Applied For
65-0536908	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

21. Principal Place of Business	2a. Mailing Address	22. City & State	27. City & State
8250 N.W South River Dr	8250 N.W South River Dr	MIAMI, FL 33166	MIAMI, FL
23. City & State	28. City & State	24. Zip	29. Zip
MIAMI, FL 33166	MIAMI, FL	33166	33166
25. Country	29. Country		

9. Name and Address of Current Registered Agent
SILVIA CASERTA
4301 NW 18 ST # 314
MIAMI, FL 33126

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
7585 SW 152 AVE # 6204
83.
84. City MIAMI FL 85. Zip Code 33193

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, and I am aware of the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* SILVIA CASERTA (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DIRECTOR	ELIZABETH AMUNDARAY	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
4th AVE. RESIDENCIA GIRALDA	4th AVE. RESIDENCIA GIRALDA	2.1 TITLE	2.2 NAME
Caracas, VENEZUELA	Caracas, VENEZUELA	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
SILVIA CASERTA	SILVIA CASERTA	3.1 TITLE	3.2 NAME
7585 SW 152 AVE # 6204	7585 SW 152 AVE # 6204	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
MIAMI, FL 33193	MIAMI, FL 33193	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a director or officer 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 on Block 12 or Block 13 if applicable or in attachment with an address.

SIGNATURE: *[Signature]*
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/96)