

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

FILED

99 SEP -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1600
98-99 AR
FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P9400008-7164
1. Corporation Name
SIGIBIAL INTERNATIONAL SUPPLIES, INC

Principal Place of Business Mailing Address
7307 N.W. 79 Terrace 5995 S.W. 8th Street
MIAMI, FLORIDA 33166 MIAMI, FLORIDA 33144



5/4/99 90054 019 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2e. Mailing Address		4. FEI Number		Applied For	
21		26		65-0536908		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					
USA							

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILVIA CASERTA 7585 SW 152 AVE, G 204 MIAMI FLORIDA 33193		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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
PRESIDENT		21 TITLE	
ELIZABETH AMONARAY		22 NAME	
AVE. ANDRES BELLO ENTRE #3ra		23 STREET ADDRESS	
Y 4ta TRANSVERSA		24 CITY-ST-ZIP	
SILVIA CASERTA		31 TITLE	
7585 SW 252 ND AVE # G 204		32 NAME	
MIAMI FLORIDA 33126		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIA CASERTA SECRET.

4/29/99

Daytime Phone #

5 KE

CR2034 (11/98)

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SIGIBIAL INTERNATIONAL SUPPLIES INC.
5995 S.W. 8TH STREET
MIAMI, FL 33144

AUGUST 23, 1999

REF# P94000087164


TO WHOM IT MAY CONCERN:

I'M WRITING TO YOUR DEPARTMENT IN REFERENCE TO THE 1998 ANNUAL REPORT I JUST RECEIVED A LETTER DATED JUNE 9TH IN WHICH EXPLAINS THAT THE ANNUAL REPORT FOR 1998 WAS NOT FILED. I'M SENDING YOU A COPY OF THE CHECK STUB I HAD MAILED TO YOU ON 9/3/98. IN RECONCILING THE BANK I NOTICED THAT THIS CHECK HAS NOT BEEN CASHED. ALSO ENCLOSED FIND A COPY OF THE ANNUAL REPORT FILED. I CAN ONLY ASSUME THAT THE ENVELOPE IN WHICH THIS REPORT WAS SEND HAS BEEN LOST AND I HAVE MOVE MY OFFICE A FEW TIMES, THEREFORE IF ANY WAS SEND BACK I HAVE NOT RECEIVED IT.

PLEASE I ASKING YOU TO ABATE THE ADDITIONAL \$200.00 PENALTY. ENCLOSE FIND A CHECK FOR \$550.00 TO COVER LAST YEAR RETURN. PLEASE ALSO CHANGE MY MAILING ADDRESS TO 5995 S.W. 8TH STREET MIAMI, FL 33144.

I AWAIT YOUR RESPONSE.

THANK YOU,


MARIA E. AMUNDARAY