

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000078782 (6)**

1. Corporation Name
SITI MIRIAM RESORTS, INC.



Principal Place of Business: **1408 SAN MARCO BLVD. JACKSONVILLE FL 32207**
Mailing Address: **1408 SAN MARCO BLVD. JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **10/13/1995**
3a. Date of Last Report
4. FEI Number: **Applied for**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**GREGORY, RODNEY G ESQ
3900 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent (81-85)
**Ava L. Parker
112 W. Adams St., Ste 1814
Jacksonville FL 32202**

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: **Ava L. Parker, Attorney at Law** DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Muhamed Saleh	
STREET ADDRESS	1408 San Marco Blvd	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Nathaniel Perry	
STREET ADDRESS	1301-16 Monument Rd.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Felix Acholonu	
STREET ADDRESS	1820 Barrs St., Ste 415	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Meriem Ali Bahliai	
STREET ADDRESS	#4 Ghebretaphious, Demoz St.	
CITY-ST-ZIP	Asmara, Eritrea	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muhamed Saleh* **Muhamed Saleh** DATE: **4/30/96** DAYTIME PHONE #: **(904)399-5636**

CR2E034 (12/95) 5/11/96