CR2E034 (5/98)

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

#### PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

#### DOCUMENT # P96000043251 (3)

### SYKEL INTERNATIONAL INC.

Principal Place of Business	Mailing Address	
590 N.W. 27TH ST. MIAMI FL	141 NE 3RD AVE Suite 601 Miami FL 33132 US	

# FILED Jul 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1996 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 65-0678774 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country Personal Property Tax due June 30. Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DINER, MANUEL 141 N.E. 3RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 601 83 MIAMI FL 33132 84 City Zip Code 85 Pursuant to the provisions of sections 507,0502 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 reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition **G**ARFINKEL, SIMON NAME 1.2 NAME **27 WINDEMERE WAY** STREET ADDRESS 1.3 STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAH, J.S. NAME 2.2 NAME 960 E. 12TH ST. 2.3 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90021 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE GROBLER, SERGID 576 NW27th St. NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS MIAMI, FL. 33127 CITY-\$T-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4,1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change \_\_\_ Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changest or on an attachment with an address.

the++:11

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

7-20-98 (305)576-7674