MAY-20-04 THU 02:54 PM LAZARUS CORPORATION FAX:3052261440 PAGE 1

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96-62358

1. Entity Name

SIATPO, CORP.

FILED
May 24, 2004 8:00 A.M.
Secretary of State

Principal Place of Business
5101 NW 79TH. AVENUE
MIAMI, FL. 33166
US

Mailing Address
5101 N.W. 79TH. AVENUE
MIAMI, FL. 33166
US

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

05182004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0095999 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONVECCHIO, ALAIN M.
5101 N.W. 79TH. AVENUE
MIAMI, FL. 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BONVECCHIO, ALAIN M. 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BONVECCHIO C. ALAIN 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 600037439076 06/01/04--01027--017 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS BONVECCHIO C., ADOLFO 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BONVECCHIO C., ARIANNE B. 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #