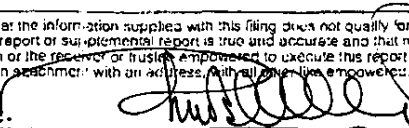


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 96-62358				FILED May 24, 2004 8:00 A.M. Secretary of State	
1. Entity Name SIATPO, CORP.					
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		05182004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 30-0095999	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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, type name of agent, type of registered agent and that if applicable, type of registered agent signature required when certifying.					
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-STATE-ZIP	BONVECCHIO, ALAIN M. ☐ Delete 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BONVECCHIO, C. ALAIN ☐ Delete 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BONVECCHIO C., ADOLFO ☐ Delete 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BONVECCHIO C., ARIANNE B. ☐ Delete 5101 N.W. 79TH. AVENUE MIAMI, FL. 33166		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 lines empowered.					
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Date					
Daytime Phone _____ Daytime Phone					

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