

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

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000066928 (8)**  
 1. Corporation Name  
**SITINDUSTRIE, INC. - USA.**



Principal Place of Business <b>C/O AKERMAN, SENTERFITT &amp; EIDSON, P.A.          100 SOUTH ASHLEY DRIVE          TAMPA FL 33602</b>	Mailing Address <b>C/O AKERMAN, SENTERFITT &amp; EIDSON, P.A.          100 SOUTH ASHLEY DRIVE          TAMPA FL 33602-5360</b>
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2. Principal Place of Business <b>21 5440 West Mariner Street</b> Suite, Apt. #, etc. <b>22 Suite 205</b> City & State <b>23 Tampa, Florida</b> Zip <b>24 33609</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 5440 West Mariner Street</b> Suite, Apt. #, etc. <b>27 Suite 205</b> City & State <b>28 Tampa, Florida</b> Zip <b>29 33609</b> Country <b>30 USA</b>	3. Date Incorporated or Qualified <b>08/12/1996</b>	3a. Date of Last Report	4. FEI Number <b>59-3393212</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>PAUL, WILLIAM R</b> <b>C/O AKERMAN, SENTERFITT &amp; EIDSON, P.A.</b> <b>100 SOUTH ASHLEY DRIVE</b> <b>TAMPA FL 33602</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOTO, JESUS</b>		1.2 NAME <b>Soto, Jesus</b>	
STREET ADDRESS <b>7325 TROUBLE CREEK ROAD, SUITE 915</b>		1.3 STREET ADDRESS <b>5440 W. Mariner Street</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34653</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33609</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, 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 changing it on an attachment with an address.

SIGNATURE: *[Signature]* **JESUS Soto President** **2/1/97** **812-202-0101**

CR2E034 (9/96)