SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000069567 (1)

SIA GROUD INC

APPROVED AND FILED

1797 AUS 20 PH 1: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OIA GIT	OUP, INO			E SADINOO SIA LOUID BAIK DOMI BONI BONI BENI BRIN DINID IBIDI BUUD BAIH IBBI SEDI
Dringto - I Disc	a of Dunionas	Mailing Address		
Principal Place		Mailing Address		
-2-RIVER RIDG ORMONO BEX		2 RIVER RIDGE TRAIL ORMOND BEACH FL-82	u.	
1548 10	HN Anderson Drive			DO NOT WRITE IN THIS SPACE
(C)COMO	10 BcH, FL 32176	(SAI	MEI	3. Date Incorporated or Qualified 3a. Date of Last Report
				08/21/1996
	ace of Business	2a, Mailing Address	4. FEI Number Applied For
	ohn Anderson Dr.		Indevson Dr	
Suite, Apt.	#, OTC.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	NO BUH, FL	City & State 28 OYMOND	BEU, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip .	Country	8. THERMINITENDED PART NOW EINDUICE
Zip 32	76 25 VOLUSIA	29 32176	30 VOLUSIA	Personal Property Tax due June 30. Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
AM	ERILAWYER CHARTERED		81 Name	IRAJ HIRMANPOUR.
343 ALMERIA AVENUE			82 Street A	Address (P.O. Box Number is Not Acceptable)
CO	RAL GABLES FL 33134		15	Address (P.O. Box Number is Not Acceptable) 18 JOHN ANDERSON 18.
			83	,
			84 City	9E Zip Code
		·	0	KMOND 1964, FL 132 176
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 a	m familiar with, and acappt the obligati	ons of, Section 607.0505, FI	orida Statutes.	A 4 -
SIGNATURE	Signature, typed printed James of registered agent	<u> </u>		8-15-97
12,	Signature, types or printed Jame of registered agent OFFICERS AND		F Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	HIRMANPOUR, IRAJ		1.2 NAME	
STREET ADDRESS	2 RIVER RIDGE TRAIL		1.3 STREET ADDRESS	HIRMAN POUR, IRAJ 1548 JOHN ANDERGON DR.
CITY-ST-ZIP	ORMOND BEACH FL 32114		1.4 City-ST-ZiP	OKMOND BUH, FL 32176
TITLE	VSTD	DELETE	21 TITLE	Change Addition (
NAME	KHAJENOORI, SOHIEL		22 NAME	KHAJENDORI, SOHEIL 1548 JOHN ANDERSON DR
STREET ADDRESS	2 RIVER RIDGE TRAIL		2.3 STREET ADDRESS	1548 JOHN ANDERSON ISIE
CITY-ST-ZIP	ORMOND BEACH FL 32114		2. 4 CITY-ST-ZIP	ORMOND POCH, FL 32176
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	İ
CITY ST-ZIP			3.4. CHTY-ST-ZIP	
TITLE		☐ DEL é te	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	9000022740899
STREET ADDRESS			4.3 STREET ADDRESS	-08/21/9701114010
CITY-ST-ZIP				****165.00 ****165.00
TITLE			4.4 CITY-ST-ZIP	
NAME		☐ DELETE	5.1 TITLE	Change Addition
		☐ DELETE	5.1 TITLE 5.2 NAME	
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP		_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	
CITY-ST-ZIP TITLE NAME		_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	
CITY-ST-ZIP TITLE		_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	

CITY-S1-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 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.

SIA Group, Inc.

1548 John Anderson Drive . Ormond Beach, FL 32176

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Friends:

I am writing concerning the attached 1997 Profit Corporation Annual Report for SIA Group, Inc. This is a new corporation formed in August 1996 by the two officers listed. Neither of us has been shareholders in a small corporation prior to this one. We are still learning the new reporting and other corporation requirements. I, the president, have moved twice in the past six months and our former professional representative did not tell the corporation of the necessity to update the corporate address with the state. (I am doing so with this report). Thus, the original notification from you was not received by the corporation. As a further complication, both officers spend a lot of time away from home, even out of the United States, and receiving mail timely has been a problem which we have worked hard to resolve.

Since this is a "start-up" business and certainly no harm was intended in this late filing, I ask that you accept the attached \$165 as full payment for the corporation's 1997 registration. The additional \$385 late penalty would be a hardship on the corporation as it represents about 15% of our 1996 profit. Now that my final move is complete, I will insure that our reports are timely in the future.

Thank you for your understanding and assistance.

Yours truly.

Iraj Hirmanpour

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