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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000089058 (7)

## SITE ASSESSMENT INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address 10109 S.W. GOTH AVENUE 10109 S.W. 60TH AVENUE MIAMI FL 33158 MIAM! FL 33156-2012 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 4. FEI Number 2. Principal Flace of Business 2a. Mailing Address Applied For 6001 Not Applicable 21 26 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 28 Trust Fund Contribution Added to Fees 23 Country Zip Country  $Z_{00}$ This corporation has liability for intangible tax under s. 199.032, Yes X No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLLMANN, JENNIFER 10109 S.W. 60TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **B2 MIAMI FL 33156** 83 Zip Code 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 Signature hypino or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 THILE 3111.6 WOLLMANN, JENNIFER CR2E034 NAM: 1.2 NAME 10109 S.W. 60TH AVENUE 1.3 SIFFEET ADDRESS STREET ADDRESS MIAMI FL 33158 CC1Y - \$1 - 21P 1.4 C'I Y - ST - ZIP DELETE Change Addition 2.1 THE THE POMENTA, MARISELA 2.2 NAME NAME 8200 S.W. 84TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** 2.4 C#Y-ST-ZIP CHY+S1-ZIP DELETE Change Addition THE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-ST-ZIP Ciffy - ST - ZiP Change DELETE 4.1 TH.E Addition TITLE MANA 4.2 N/ME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1 V-ST-Z)P CITY-51-ZiP DELETE 5.1 TILLE Change Addition TITLE 5.2 NAME NAME

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 are 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.

6.4 CI"Y-ST-ZIP

5.3 ST HEET ADDRESS

5.4 CITY-ST-ZIP

6.1 TIT.E

6.2 NAME 6.3 STREET ADDRESS

DELETE

STHEET ACCRESS

STREET ADDRESS

CITY - ST - 7IP

CHY+S1-7P

TITLE NAME

3056698727

Change

☐ Addition

**FILED** 

May 05 1997 8:00am

Secretary of State