

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000089061 (1)

1. Corporation Name  
SAIC CHEMICAL CORPORATION



Principal Place of Business  
10109 S.W. 60TH AVENUE  
MIAMI FL 33156

Mailing Address  
10109 S.W. 60TH AVENUE  
MIAMI FL 33156-2012

3. Date Incorporated or Qualified  
10/25/1996

3a. Date of Last Report

2. Principal Place of Business  
21 5201 Blue Lagoon Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5201 Blue Lagoon Dr.  
Suite, Apt. #, etc.

4. FEI Number  
65-0705827

Applied For  
Not Applicable

22 Suite 650  
City & State

27 Suite 650  
City & State

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

23 Miami FL  
Zip Country

28 Miami FL  
Zip Country

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

24 33126 25 USA

29 33126 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLLMANN, JENNIFER  
10109 S.W. 60TH AVENUE  
MIAMI FL 33156

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLLMANN, JENNIFER	
STREET ADDRESS	10109 S.W. 60TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMAS, CLESTINO	
STREET ADDRESS	520 BRICKELL KEY, APT. 803	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POMENTA, MARISELA	
STREET ADDRESS	8200 S.W. 84TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Jennifer Wollmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 305 6698727  
Date Daytime Phone

CR2E034 (9/96)