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

**PROFIT CORPORATION** ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053432 (5)

SIERRA INTERNATIONAL SALES, INC.

Principal Place of Business Mailing Address 1102 BYERLY WAY 1102 BYERLY WAY

**FILED** Apr 01 1998 8:00am Secretary of State



ORLANDO FL 32818				ORLANDO FL 32818							DO NOT WRITE	IN THIS G	SPACE				
										3.	i. [	Date Incorporated or Qualified	. av rriis t	JI AUE			
												06/13/1997					
2. Principal Place of Business					2a. Mailing Address						4. FEI Number				Apı	olied For	
21				2	26						59-3452328				Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					Б.	. C	Certificate of Status Desired	te of Status Desired \$8.75 Additional Fee Required				
City & State					City & State					6.		lection Campaign Financing rust Fund Contribution		\$5.00 May Be Added to Fees			
Zip		Coul	itry		Zip		Co	ountry	,	8.	. т	his corporation owes or has pa	id the cur	rent yea	ar Inta	ingible	
24		25		2			30		······································		Р	ersonal Property Tax due June	30. [	Yes		No	
			iress of Cu	rrent Re	gistered	d Agent		1	T ::		), N	lame and Address of New Re	gistered /	Agent			
	DATWRIGHT		ond I Jr					B1	Name								
	02 BYERLY							82	Street	Address (F	P.C	D. Box Number is Not Acceptab	ile)				
OF	rlando fl	. 32818						-									
								83									
								84	,				FL		Zip C		
11. Pursuant	to the provisi	ions of Se	octions 607	0502 and	1 607.15	508, Florida St	alutes, the	above	e-named	corporatio	on s	submits this statement for the p	urpose of	changi	ng its	registered	
agent. I a	registered ag im familiar wi	th and a	oui, ipripu s ccentriie o	itare or ru bligations	orida Si ≩of,Sook	uch change w ction 397.0505	ras authoriz Florida 8t	ed by at tes	y the cor: s. 🙍	poration's t	boa	ard of directors. I hereby accep	of the app	ointmen	it as r -	egistered	
SIGNATURE			11 au	mas	d S	Brail	west	TY -	L				3-20	0-98	7		
	Signature, typed	or printed is	Mo of eightly in	d agent acid	stle diappi	le afile (			int signature	e required when			DATE				
12.	D		OFFICERS	AND DIF	ECTOR		13			,	AD	DDITIONS/CHANGES TO OFFIC	ERS AND				
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NAME ATREET LEADERS	1102 B		RAYOMOI	NU L JK				NAME									
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NAME	Braye	الميري	r Royl					NAME						L Unar	ige	☐ Addition	
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CITY-ST-ZIP	Noes	EL	34761														
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NAME								NAME						المارين السا	,gu	/ ruonnill	
STREET ADDRESS									ADDRESS								
CITY-ST-ZIP								CITY-5									
TITLE						DELETE		ITLE		† <del></del>				☐ Char	nge	Addition	
NAME							4.2	NAME							~		
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CITY-ST-ZIP		T					6.4 (	HY-\$	T-ZIP								

14. 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 annual report or suppliemental annual oper 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 drullee empowered to execute his 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or drullee empowered to execute his 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 the same legal effect as if made under oath; that I am an office or director of the corporation of the receiver or drullee empowered to execute his 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 of the receiver or drullee empowered to execute his 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 of the receiver or drullee empowered to execute his report as required by Chapter 607, Florida Statutes. If further certifies the information is true and accurate and the province of the receiver of the receiv

SIGNATURE:

3.26.98

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