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May 03, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090734

1. Corporation Name

SYDEL INTERNATIONAL, INC.

Principal Place of Business

6600 NW 27TH AVENUE
A-2
MIAMI FL 33147
US

Mailing Address

6600 NW 27TH AVENUE
A-2
MIAMI FL 33147
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

65-0803822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3318 N. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

Zip

33351

Country

US

2a. Mailing Address

3318 N. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

Zip

33351

Country

US

9. Name and Address of Current Registered Agent

**OLADUNNI, FOLASHADE
6600 NW 27TH AVENUE
SUITE A-2
MIAMI FL 33147**

10. Name and Address of New Registered Agent

**81 Name OLADUNNI, FOLASHADE
82 Street Address (P.O. Box Number is Not Acceptable)
3318 N. UNIVERSITY DRIVE
83
84 City SUNRISE FL 85 Zip Code 33351**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **OLADUNNI, FOLASHADE**
STREET ADDRESS **6600 NW 27TH AVE, SUITE A-2**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **FOLASHADE OLADUNNI**
1.3 STREET ADDRESS **3318 N. UNIVERSITY DRIVE**
1.4 CITY-ST-ZIP **SUNRISE, FL 33351**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)