

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

PROFIT  
CORPORATION  
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 13 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000090734

Corporation Name  
SYDEL INTERNATIONAL, INC.

Principal Place of Business  
318 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

Mailing Address  
318 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
318 N. UNIVERSITY DR.  
Suite, Apt. #, etc.

Mailing Address  
318 N. UNIVERSITY DR.  
Suite, Apt. #, etc.

City & State  
SUNRISE, FLORIDA  
Zip 33351 Country

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SUNRISE, FLORIDA  
Zip 33351 Country

|   |  |
|---|--|
| 3. Date incorporated or Qualified<br>10/20/1997   |  |
| 4. FEI Number<br>65-0803822   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees                            |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

OLADUNNI, FOLASHADE  
318 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br>OLADUNNI, FOLASHADE   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>318 N. UNIVERSITY DRIVE |
| 83   |
| 84 City<br>SUNRISE   |
| 85 Zip Code<br>FL 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 re-stating)

DATE

| 12. OFFICERS AND DIRECTORS              |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---------------------------------|---|---|
| TITLE<br>P                              | <input type="checkbox"/> DELETE | 1.1 TITLE<br>PRESIDENT                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>OLADUNNI, FOLASHADE             |                                 | 1.2 NAME<br>FOLASHADE OLADUNNI                        |   |
| STREET ADDRESS<br>318 N. UNIVERSITY DR. |                                 | 1.3 STREET ADDRESS<br>318 N. UNIVERSITY DRIVE         |   |
| CITY-ST-ZIP<br>SUNRISE, FL. 33351       |                                 | 1.4 CITY-ST-ZIP<br>SUNRISE, FL 33351                  |   |
| TITLE                                   | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | 2.2 NAME  |   |
| STREET ADDRESS                          |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                             |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                                   | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | 3.2 NAME  |   |
| STREET ADDRESS                          |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                             |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                                   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | 4.2 NAME  |   |
| STREET ADDRESS                          |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                             |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                                   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | 5.2 NAME  |   |
| STREET ADDRESS                          |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                             |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                                   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | 6.2 NAME  |   |
| STREET ADDRESS                          |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                             |                                 | 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 secretary or duly 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:

6/12/2000

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JUNE 12,2000

FROM: SYDEL INTERNATIONAL,INC.

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O.BOX 6327  
TALLAHASSEE, FL 32314

RE: YEAR 2000 ANNUAL REPORT FOR SYDEL  
INTERNATIONAL,INC.

Dear sir,

Since, we did not receive the year 2000 annual report form, we decided to use one of the old one we have to file the annual report for Year 2000. Attached with this form is the amount for \$150.00.

Thanks for your cooperation.

Sincerely.

