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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 # P98000008811

1. Corporation Name
 SIAL ENTERPRISES, INC.

Principal Place of Business
 10448 SPARKLE CT.
 ORLANDO FL 32838

Mailing Address
 10448 SPARKLE CT.
 ORLANDO FL 32838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/26/1998

4. FEI Number
 59-3492000

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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
 21 58 W. Michigan St.
 Suite, Apt. #, etc.
 22 City & State
 23 Orlando, FL
 Zip 32806 Country USA

2a. Mailing Address
 26 58 W. Michigan St.
 Suite, Apt. #, etc.
 27 City & State
 28 Orlando, FL
 Zip 32806 Country USA

9. Name and Address of Current Registered Agent
 QADIR, AFTAB
 10448 SPARKLE CT.
 ORLANDO FL 32838

10. Name and Address of New Registered Agent
 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 *[Signature]* DATE 7/14/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
President	Aftab Qadir, M.D.	58 W. Michigan St.	Orlando, FL 32806	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE 7/14/99 DAYTIME PHONE 407 649 7623

CR2E034 (5/99)