07-14-99 (954) 927-5234

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 JUL 26 AM 11:58 DOCUMENT # P98000051659 SECRETARY OF STATE ALLAHASSEE, FLORIDA SIESTA MANAGEMENT CORP. Principal Place of Business Mailing Address 1734 MCKINLEY STREET 1734 MCKINLEY STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0844300 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country ZID 8. This corporation owes the current year 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name POULIOT, MAURICE 82 Street Address (P.O. Box Number is Not Acceptable) 1734 MCKINLEY STREET HOLLYWOOD FL 33020 83 City 84 85 Zip Code FL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition POULIOT, MAURICE 1.2 NAME NAME 1734 MCKINLEY STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE 21 TITLE DELETE Change Addition POULIOT, JOSIANNE NAME 2 2 NAME 1734 MCKINLEY STREET RTREET ACCORES 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 24 CITY-ST-ZIP TITLE Change Addition 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 City-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5 1 TITLE Change Addition DELETE 5.2 NAME NALIF TS STREET ADDRESS 53STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP 150. Change Addition 6.1 TITLE TITLE DELETE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f). 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 Inits 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 Statutes. I further certify that the information