

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90132 011 ***150.00

	SICO GROUP, INC.	081912				181 MARIE (1818 1818) 181 - 1818 1818 1818	
Principal Flac		Mailing Address					
3095 NE 193TH AVENTURA FL		3095 NE 190TH ST. #301 AVENTURA FL 33180					
					DO NOT WRITE IN THE	IIS SPACE	
					3. Date Incorporated or Qualifed		
2 04-4-10	Place of Business	2a. Mailing Address			09/18/1998 4. FEI Number	- Ao	Alled For
	lace of Busiliess	26			65-0866543		
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A	dditional
City & State	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23	್ ಎಂದು ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ ಬಾಗಿ	28	·		Trust Fund Contribution		
Zip	Country	Zip	Cour	ntry	This corporation owes the current year Personal Property Tax.	Intangible [] Yes	□No
	9. Name and Address of Curren	_ 			10. Name and Address of New Registers	d Agent	
				81 Name			
	SHNEIR, HANS		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	5 NE 1907H ST, #301 NTURA FL 33180		- }		<u> </u>		Apylled For Noi Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees langible Yes No Agent 85 Zip Code changing its registered ntment as registered
AVEI	NIONA PL 33 IOU			83			
				84 City		LII	
11. Pursuant office or n agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	and 607,1508, Florida Statuti if Florida, Such change was at ons of, Section 607,0505, Flori	es, the ac uthorized rida Statu	by the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	pointment as rec	gistered
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signature require	d when renstating) DATE		
12.	OFFICERS AN	. _	13.		ADDITIONS/CHANGES TO OFFICERS		
TIPLE	PD	☐ DELETE		LE		Change	Addition
NAME	(12 NAME				
STREET ADDRESS							
CITY-ST-ZIP	AVENTURA FL 33180			REET ADDRESS			
		C priete	1.4 CIT	Y-ST-ZIP		Change	☐ Addition
TITLE	VSTD	☐ DELETE	1.4 CTT 2.1 TIT	Y-ST-ZIP		☐ Change	Addition
NAME	VSTD GARCIA, DANIEL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP LE ME		Change	Addition
NAME STREET ADDRESS	VSTD GARCIA, DANIEL 439 SEVILLA AVE, APT #4	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STE	Y-ST-ZIP LE ME REET ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VSTD GARCIA, DANIEL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STE	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	VSTD GARCIA, DANIEL 439 SEVILLA AVE, APT #4 CORAL GABLES FL 33134		1.4 CTT 2.1 TITE 2.2 NAI 2.3 STF 2.4 CTI 3.1 TITE 3.2 NAI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 3)(i). Florida Statutes. I further c strify that the information indicated on this annual report or supplemental innual report is true and accurate and that my signature is shall have this same legal effect as if made under oath, that I im 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 a lighter like empowered.

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNANG OFFICE OR DIRECTOR

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