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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03935

CORPORATION INTERNATIONAL CONCERNAL

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90009 023 ***150.00

SIRGANY	INTERNATIONAL CONCES	SIONS, INC.					
Principal Place	of Business	Mailing Address			# 1000H Q160H B0H0 HHU 10H0# HHU#		III OIDII BIBII IDDI
6910 NORTHWES	ST 12TH STREET	6910 NORTHWEST 12TH	STREET		1		-
MIAMI FL 33126 MIAMI FL 33126			~*************************************				
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	•				3. Date Incorporated or Qualifed	• •	
- B1 1 5		1 a 44-20 a 4 4			01/03/1992	····	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	4 -4-	26			65-0399094		Not Applicable
Suite, Apt. #	r, etc. — Americano de Composito de Comp	Suite, Apt. #, etc.	ند بـ <u>ــ</u> ـ		= 5. Certifcate of Status Desired = =[Additional
22 City & State		City & State					
City & State		28			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Cour	ntrv			u 10 Fee5
24	25	29	30	,	This corporation owes the current Personal Property Tax	Yes Yes	□No
47	9. Name and Address of Current	1 **1	1201		10. Name and Address of New Reg		
		<u></u>		81 Name		-9	
KAYAI	L, RAMOND J	7, 1]	00 0/ 11	ddaga (D.O. Day Nigata at N. 14	\	
	SW 99TH TERRACE		-	82 Street A	ddress (P.O. Box Number is Not Acceptable	·)	
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MIAMI	I FL 33156		Ļ				and Marie
				84 City		FL 85 Zi	p Code
11." Pursuant to	o the provisions of Sections 607.0502 gistered agent, or both, in the State of	and 607.1508, Florida Statu Florida. Such change was	ites, the ab authorized	ove-named co by the corporates	orporation submits this statement for the puration's board of directors. I hereby accept the	pose of changing le appointment as	its registered registered
SIGNATURE s	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered /		orporation submits this statement for the puration's board of directors. I hereby accept the uired when reinstating);	DATE	
SIGNATURE	Signature, typed or printed name of registered agent of OFFICERS AND	end title if applicable. (NOT	E: Registered /	Agent signature req	uired when reinstating); ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12 -
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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 AND PYPED OR PRINTED MAKE OF SIGNAG OFFICER OR DIR

1/15/99 Date

Daytime Phone #

141/05