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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V56589

(7)

SIKO INTERNATIONAL INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I 1997: Gilbel Ollio Bifol Olle: 1910 Ibii Oi	174 Q1047 Q1014 Q1Q11 Q1Q11 Q1Q11 1QQ1
6993 W ATLANTIC BLVD MARGATE FL 33063		6993 W ATLANTIC BLVD MARGATE FL 33063		DO NOT WORK IN	UID ODAOT	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		TIS SPACE
					08/10/1992	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0351479	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	у	8. This corporation owes or has paid the	
24 [25] 29			30		Personal Property Tax due June 30. Yes X No	
9, Name and Address of Current Registered Agent AVDANOV CHAVETO C. 81 Name					10. Name and Address of New Registe	red Agent
AKRAWY, SHAKEEB S. 6993 W. ATLANTIC BLVD.			Ľ	INDITIO	るるとの	
			8	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063			8	,		
•			 - <u>-</u> -			
			8	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					progration submits this statement for the nurno	se 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.						
I SIGNATURE						
	Signature, typed or printed name of registered a			gent signature rec	quired when reinstating) DA	
12.	OF ICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME			1.2 NAMI			C orango C Managan
STREET ADDRESS 6993 W. ATLANTIC BLVD.			1.3 STREET ADDRESS		NONE	
CITY-ST-ZIP MARGATE FL			1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE			Change Addition
NAME			2 2 NAMI			
STREET ADDRESS			2.3 STRE	1 ADDRESS		
CITY-ST-ZIP	HTY-ST-ZIP		2 4 CITY-ST-ZIP		Part Hard Control	
TITLE	TLE		3.1 TITLE			Change Addition
NAME			3 2 NAME	ł	•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	ST-ZIP DELETE		3.4. CITY 4.1 TITLE	-ST-ZIP		Change Addition
NAME			4.2 NAM	.		C outlide C volution
1 1	STREET ADDRESS			T ADDRESS		
1	CITY-ST-ZIP		4.4 CITY-	•		
TITLE			5.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			5 2 NAME	Ì		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE	. DELETE		61 TITLE			Change Addition
NAME	€		6.2 NAME			
STREET ADDRESS			63 STRE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP	in Contine 140 07/9V// Elevide Statutes 1 furth	

14. Thereby 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.

/ Chakeeh C. Akraul

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954-972-8929