

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 560980

**FILED  
May 01, 2019  
Secretary of State  
7212597140CC**

**Entity Name:** SICAME INCORPORATED

**Current Principal Place of Business:**

C/O 12002 SW 128 CT.  
106  
MIAMI, FL 33186

**Current Mailing Address:**

C/O 12002 SW 128 CT.  
106  
MIAMI, FL 33186 US

**FEI Number:** 59-1805446

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTINS, ANTONIO  
12002 SW 128 CT. #106  
MIAMI, FL 33186 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARTINS, ANTONIO  
Address RUA CORDEIRO FERREIRA #19 - 12 DRT  
City-State-Zip: 1750-071 LISBOA PT PORTU-GAL

Title S  
Name MARTINS, ESMERALDA  
Address RUA CORDEIRO FERREIRA #19 - 12 DRT  
City-State-Zip: 1750-071 LISBOA PT PORTU-GAL

Title VP  
Name BATALHA MARTINS, LUIS A  
Address RUA CORDEIRO FERREIRA #19 -12 DRT  
City-State-Zip: 1750-071 LISBOA PT

Title VP  
Name MARTINS BATALHA, FERNANDO A  
Address RUA LEOPOLDO DE ALMEIDA NO 8-13 ESQ  
City-State-Zip: 1750-138 LISBOA

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO MARTINS

P

05/01/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date