Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90164 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637014

1. Corporation Name

SKYTAN	CORPORATION								
Principal P ace	EAST	Mailing Address 6 LOWE LANE EASST			III	18 11 1 198 198 198 198 198 198 1	HABIA BEBA BEBU	! GIGIL B\BIF BIB!! BIL	Jři Bibii IBB !
551-FIFTH AVE. 3TE. 191 6 TAPPAN NY 10983		551-FIFTH AVE. STE. 1913 TARRAN NY 10083	551-FIFTH-AVE. STE. 1815 TAPPAN NY 10983		DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed				
					09/21	/1979			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu			Apr	lied For
6 Lowe Lane East			26 6 Lowe Lane East		59-1 9	80867			Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.	└		5. Certifo	ate of Status Desired		\$8.75 A	ľ
22 Suite 77		27 Suite 77						Fee Rec	
City & State		City & State	⊢ ′		1 '	n Campaign Financin	⁹ 🗆	\$5.00 r. Added to	*
Zip Courtry		28 Tappan, NY	Zip Country			und Contribution			rees
Zip 24 10983	29 10983-1319 30		•	1	rporation owes the coal Property Tax.	лгені уеаг		□No	
24 10983	3-1319 ₂₅ US 9. Name and Address of Curre		105			and Address of Nev	v Registere		
 _	5. Name and Address of Curre	The Megistered Agent	81	Name					
	CHE, JAIME G		82	Street Acd	ress (P.O. Box	Number is Not Acce	ptable)		
	2 126TH TERR NORTH				<u> </u>				
JUPI	TER FL 33478		83						
			84	City			F	85 Ζίρ C	ode
	to the provisions of Sections 607.05	00 1 COT 1500 Florido Statutos	the abov	named corr	oration submi	s this statement for t	he nurnose	of changing its r	egistered
office c r r	to the provisions of Sections 607,05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fìorida. Such change was auth	ionzea dy	tne corporati	on's board of o	lirectors. I hereby acc	ept the app	∶ointment as reg	, stered
SIGNATURE	Signature, typed or printed naine of registered ag	ent and title if applicable. (NOT E: Re	gistered Age	nt signature require	ed when reinstating)		DATE		·]
12.		NO DIRECTORS	13.			NS/CHANGES TO	OFFICERS	AND DIRECTOR	tS IN 12
TITLE	S DELETE		1.1 TITLE					Change	☐ Addition
NAME	TAN, PAMELA G		1,2 NAME						{
STREET ADDRESS 6 LOWE LANE EAST			1.3 STREE	T ADDRESS					
CITY-ST-ZIP	TAPPAN NY		14 CITY-ST-ZIP						
TITLE	DELETE 2.11		2.1 TITLE					Change	Addition
NAME	TAN, JORGE G		2.2 NAME						
STREET ADDRESS 6 LOWE LANE EAST			2.3 STREET ADDRESS						
CITY-ST-ZIP	TAPPAN NY		2. 4 CITY-ST-ZIP						
TITLE			3.1 TITLE 3.2 NAME					☐ Change	☐ Addition
NAME									
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				Change	Addition
TITLE	☐ DELETE		4.1 TITLE					Change	L Addicon
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				Change	Addition
TITLE		5.1 TITLE					Change		
NAME			5 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	o1-∠ll*				Change	Addition
TITLE			6.2 NAME					C. 2.101.92	
NAME				T ADDRESS					
STREET ADDRESS			UUSINEE	. , ADDITEGO					

CITY-ST-ZIP 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 a light of the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ME OF SIGNING OFFICEF OR DIRECTOR

(914) 359-2423

Daytime Phone #