

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Merriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085448 (4)
 1. Corporation Name
SS INTERNATIONAL, INC.



Principal Place of Business 500 N.E. THIRD AVENUE FORT LAUDERDALE FL 33301	Mailing Address 500 N.E. THIRD AVENUE FORT LAUDERDALE FL 33301-3236
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3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
4. FEI Number 65-0702-739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1515 University Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 1515 University Dr Suite, Apt. #, etc.
22 City & State 23 Coral Springs, Fl	27 City & State 28 Coral Springs, Fl
24 Zip 33071 25 Country USA	29 Zip 33071 30 Country USA

9. Name and Address of Current Registered Agent MILLER, JOEL 500 N.E. THIRD AVENUE FORT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name BERT R. SICKLES 82 Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DR #211B 83 84 City CORAL SPRINGS FL 85 Zip Code 33071
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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.
 SIGNATURE *Bert R. Sickles* **BERT R. SICKLES** DATE **3/27/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MILLER, JOEL	
STREET ADDRESS 500 N.E. THIRD AVENUE	
CITY-ST-ZIP FORT LAUDERDALE FL 33301	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D-P Bert R. Sickles
1.3 STREET ADDRESS	1515 University Dr. Fl 33071
1.4 CITY-ST-ZIP	Coral Springs, Fl 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.
 SIGNATURE *Bert R. Sickles* **BERT R. SICKLES** DATE **3/27/97**

CR2E034 (9/96)