

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584146
1. Corporation Name
SEAFLET, INC.

Principal Place of Business: 5475 N.W. 72nd. Ave Miami Fla. 33166
Mailing Address: P.O.Box 523415 Miami Fla. 33152

3. Date Incorporated or Qualified: July 1978
3a. Date of Last Report: 2/20/97

2. Principal Place of Business: 21 5475 N.W. 72 Ave. 22 Miami, Fla. 23 33166
2a. Mailing Address: 26 P.O.Box 523415 27 Suite, Apt. #, etc. 28 Miami Fla. 29 33152 30 Dade
4. FEI Number: 59-1903662
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: JOSE PEREZ JAUME, 424 West 15th St, Hialeah, Fla. 33010
10. Name and Address of New Registered Agent: 81 Name: MARIELLA S. MENENDEZ, 82 Street Address: 424 W. 15th St, 83 Hialeah, Fla., 84 City: Hialeah, FL 85 Zip Code: 33010

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: MARIELLA MENENDEZ - PRESIDENT 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT NAME: JOSE PEREZ JAUME STREET ADDRESS: 424 W. 15th St. CITY-ST-ZIP: Hialeah Fl.	<input checked="" type="checkbox"/> DELETE	11 TITLE: PRESIDENT 12 NAME: MARIELLA S. MENENDEZ 13 STREET ADDRESS: 424 W. 15th St. 14 CITY-ST-ZIP: Hialeah, Fla. 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VICE-PRESIDENT NAME: NORA PEREZ JAUME STREET ADDRESS: 424 W. 15th St. CITY-ST-ZIP: Hialeah, Fla. 33010	<input checked="" type="checkbox"/> DELETE	21 TITLE: SECRETARY/TREASURER 22 NAME: NORA A. PEREZ 23 STREET ADDRESS: 424 W. 15th St. 24 CITY-ST-ZIP: Hialeah, Fla. 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	31 TITLE: [Blank] 32 NAME: [Blank] 33 STREET ADDRESS: [Blank] 34 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	41 TITLE: [Blank] 42 NAME: [Blank] 43 STREET ADDRESS: [Blank] 44 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	51 TITLE: [Blank] 52 NAME: 900002175429 53 STREET ADDRESS: -05/12/97--01133--016 54 CITY-ST-ZIP: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	61 TITLE: [Blank] 62 NAME: [Blank] 63 STREET ADDRESS: [Blank] 64 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, unchanged, or on an attachment with an address.
SIGNATURE: MARIELLA MENENDEZ 4/16/97 305) 88345 23
Date: 4/16/97 Daytime Phone: 305) 88345 23

CR2E034 (9/96)