

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Gandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **844897** (9)  
1. Corporation Name  
**SEVEN SKIES COMPANY, INC.**



Principal Place of Business **FUNDORA**  
C/O TAMARA C. JONES  
1040 N.W. 4TH ST. #102  
MIAMI FL 33128-1182

Mailing Address **FUNDORA**  
C/O TAMARA C. JONES  
1040 N.W. 4TH ST. #102  
MIAMI FL 33128-1182

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 **3060 NW Flagler Terr**  
27 Suite, Apt. #, etc.  
28 **MIAMI - FL**  
29 **33128** 30 **FL**

3. Date Incorporated or Qualified **01/07/1980** 3a. Date of Last Report **01/27/1995**  
4. FEI Number **98-0041179** Applied For Not Applicable  
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  No

9. Name and Address of Current Registered Agent  
**FUNDORA**  
**JONES, TAMARA C.**  
**1040 N.W. 4TH ST. #102**  
**MIAMI FL 33128**

10. Name and Address of New Registered Agent  
81 **TAMARA C. FUNDORA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3060 NW Flagler Terr.**  
83  
84 **MIAMI** **FL** 85 Zip Code **33128**

11. Pursuant to the provisions of Sections 607.07(2) and 607.1505, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE *Tamara C. Fundora* - TAMARA C. FUNDORA DATE **1/19/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELSACA-SAUD, ENRIQUE	
STREET ADDRESS	9200 S DADELAND BLVD 214	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	H. DE ELSACA, NELLY	
STREET ADDRESS	9200 S DADELAND BLVD 214	
CITY- ST- ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3060 NW Flagler Terr</b>
1.4 CITY- ST- ZIP	<b>MIAMI - FL 33128</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3060 NW Flagler Terr</b>
2.4 CITY- ST- ZIP	<b>MIAMI - FL 33128</b>
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	<b>700001863057</b>
5.4 CITY- ST- ZIP	<b>-06/17/96--01019--002</b>
5.5	<b>***200.00</b>
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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an other filing with an address.

SIGNATURE: *Tamara C. Fundora* 1/19/96 305 649-4705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)