

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

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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90014 049 *****8.75
 04-25-1999 90014 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000004132**

1. Corporation Name
SEC INSTITUTE II, INC.

Principal Place of Business
**2801 PONCE DE LEON BLVD., STE. 1180
 CORAL GABLES FL 33134**

Mailing Address
**2801 PONCE DE LEON BLVD., STE. 1180
 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/06/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0765093	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
KEY, KARLA A 2801 PONCE DE LEON BLVD., STE. 1180 CORAL GABLES FL 33134				81	Name			Martha Angelini
				82	Street Address (P.O. Box Number is Not Acceptable)			2801 Ponce de Leon Blvd, Ste 1180
				83				
				84	City	FL	85 Zip Code	Coral Gables FL 33134

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: Martha Angelini DATE: 4/1/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPS	1.1 TITLE	C/S/V
NAME	WILSON, MARILYN	1.2 NAME	
STREET ADDRESS	340 GULF OF MEXICO DR. #126	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	KEY, KARLA A	2.2 NAME	
STREET ADDRESS	430 VILABELLA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	P
NAME		3.2 NAME	Sheryl Abad
STREET ADDRESS		3.3 STREET ADDRESS	6481 S.W. 36 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		4.1 TITLE	D/T
NAME		4.2 NAME	Martha Angelini
STREET ADDRESS		4.3 STREET ADDRESS	331 SW 18 terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33129
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 all other like empowered.

SIGNATURE: Martha Angelini DATE: 4/1/99 (305) 461-0499
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)