

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004519 (5)**

1. Corporation Name  
**SEPPA, INC.**



Principal Place of Business <b>POB 11712 FT LAUDERDALE FL 33339</b>	Mailing Address <b>POB 11712 FT LAUDERDALE FL 33339-1712</b>
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3. Date Incorporated or Qualified <b>09/30/1993</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>65-0449379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**g. Name and Address of Current Registered Agent**

**CAREAGA, VICTOR A**  
**811 PONCE DE LEON BLVD**  
**2ND FL**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COX, ADRIANA K</b>
STREET ADDRESS	<b>1981 NE 55 CT</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>VPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANICAMA, LUCIA</b>
STREET ADDRESS	<b>6980 NW 66 ST</b>
CITY-ST-ZIP	<b>PARKLAND FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>UNGARO, DOMINGA</b>
STREET ADDRESS	<b>10 COMPASS POINT</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
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	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SALDIAS, GUSTAVO (D)</b>
1.3 STREET ADDRESS	<b>2121 N.E. 68 st. Apt 214</b>
1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>
2.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARIA ESTHER KOURTESIS (D)</b>
2.3 STREET ADDRESS	<b>2210 N.E. 56 PL</b>
2.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>
3.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ENRIQUETA D. HERDEGEN (D)</b>
3.3 STREET ADDRESS	<b>5335 HILLSBORO BLVD #710</b>
3.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 11/11/97

954-2  
492-9629

CR2E037 (9/96)