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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004519

1. Corporation Name
SEPPA, INC.

Principal Place of Business POB 11712 FT LAUDERDALE FL 33339	Mailing Address POB 11712 FT LAUDERDALE FL 33339
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495885-90202-48



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/30/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0449379
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. 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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SALDIAS, GUSTAVO	
STREET ADDRESS	2121 NE 68 ST APT 214	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOURTESIS, MARIA ESTHER	
STREET ADDRESS	2210 NE 56 PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERDEGEN, ENRIQUETA D	
STREET ADDRESS	5335 HILLSBORO BLVD #710	
CITY-ST-ZIP	COCNUT CREEK FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADRIANA K. COX	
1.3 STREET ADDRESS	1981 NE 55 ct.	
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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 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, with all other like empowered.

SIGNATURE: Adriana K Cox SIGNATURE REQUIRED ADRIANA K Cox 4-25-99 - 491-2703 (954)

CR2E037 (1/198)