


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90222 047 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000009794

1. Corporation Name
SE-ACE INNOVATIONS, INC.



Principal Place of Business 1304 SW 160TH AVENUE SUITE 443 SUNRISE FL 33326 US	Mailing Address 1304 SW 160TH AVENUE SUITE 443 SUNRISE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 02/07/1994	Applied For Not Applicable
4. FEI Number 65-0469445	
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
8. 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

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	EKANAYAKE, SANJAYA
STREET ADDRESS	8230 N.W. 10 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	S <input type="checkbox"/> DELETE
NAME	EKANAYAKE, ALINA C.
STREET ADDRESS	8230 N.W. 10 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	NESS, TIMOTHY
STREET ADDRESS	137 CENTENNIAL COURT
CITY-ST-ZIP	DEERFIELD BEACH FL 33073
TITLE	VP <input type="checkbox"/> DELETE
NAME	WILLIAMS, BRYAN
STREET ADDRESS	165 NE 130TH STREET
CITY-ST-ZIP	N MIAMI FL 33161
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EKANAYAKE, SANJAYA
1.3 STREET ADDRESS	4251 SW 77 AVENUE
1.4 CITY-ST-ZIP	DAVIE FL 33328
2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALINA CRUZ-EKANAYAKE
2.3 STREET ADDRESS	4251 SW 77 AVENUE
2.4 CITY-ST-ZIP	DAVIE, FL 33328
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 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: RESANJAYA EKANAYAKE 4/15/99 954 584-9525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)