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

2a. Mailing Address

# **CORPORATION** ANNUAL REPORT 1998 **DOCUMENT** #

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000007404 (3)

FIRST SOUTHEAST EQUITIES, INC.

Principal Place of Business	Mailing Address
7740 S.W. 104TH ST., STE. 200	7740 S.W. 104TH ST., STE. 200
MIAMI FL 33156	MIAMI FL 33156

# **FILED** May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

(305) 666-5588

04/21/98

Applied For

3. Date Incorporated or Qualified

01/23/1995

21		26				65-0553509		Not Applicable			
Suite, Apt.	#, etc		Suite	, Apt. #, etc.			5. Certificate of Status Desired	-		dditional	
22			27				or controlled of oldings promote		Fee Re	quired	
City & State	é		<b>⊢</b> ¬ ′	& State			6. Election Campaign Financing			May Be	
23			28				Trust Fund Contribution		Added to		
Zip	<b>├</b> ─	antry	Zip		Country	<i>y</i>	8. This corporation owes or has p	`			
24	25]	dress of Current	29    Begintered	Agent	30	<del></del> -	Personal Property Tax due Jun  10. Name and Address of New R			No	
9. Name and Address of Current Registered Agent DORSY, CLAUDE 7740 S.W. 104TH ST., STE. 200 MIAMI FL 33156					81	Name	TO, Italia Bild Addisas Di Itali A	adiateian Wasii			
					82	Street Address (P.O. Box Number is Not Acceptable)					
					R3	83					
					55	1					
					84	City		FL 85	Zip C	ode	
11 Discount	to the are in one of C	Continue EAT OF O	and 607 155	20. Florido Statut		1	continuo di brita this statement for the		- it	. roaistored	
office or re	edistered agent, or t	ooth, in the State	of Florida, Su	ch change was a	authorized b	v the corpora	poration submits this statement for the tion's board of directors. I hereby acceptable	purpose of criari opt the appointme	ging its ent as i	registered	
agent. I a	m familiar with, and :	accept the obliga	tions of, Sect	ion 607.0505, Flo	orida Statute	S.				-	
SIGNATURE	Signature, typed or sented i		Laured Address of Court A	alus (AVOT	E Bonisland As	ent e acoburc voo ii	red when reinstating)	DATE			
12.	Signature Typed or Seminari	OFFICERS AND			13.	ent più ratore redui	ADDITIONS/CHANGES TO OFF		CTOR	S IN 12	
TITLE	PD			DELETE	1.1 TITLE			□ C		Addition	
NAME	DORSY, JAMES	S A			1.2 NAME			_	•	_	
STREET ADORESS	7740 S.W. 104		00			T ADDRESS					
CITY-ST-ZIP	MIAMI FL 3315	•			1.4 CITY-5	1					
TITLE				DELETE	2.1 TITLE	<del>//</del>		CI	hange	Addition	
NAME					2.2 NAME				-		
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP					2. 4 CITY-						
TITLE				DELETE	3.1 TITLE	-		□ ci	hange	☐ Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	T ADDRESS					
CITY-ST-ZIP			•		34 CITY-	ST-ZIP					
TITLE				DELETE	4.1 TITLE			CI	hange	Addition	
NAME					4. 2 NAME						
STREET ADDRESS					4,3 STREE	T ADDRESS					
CITY-ST-ZIP					4.4 CITY - 5	ST-ZIP					
TITLE		<u></u>		DELETE	5.1 TITLE			CI	hange	☐ Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	T ADDRESS				i	
CITY-ST-ZIP					5.4 CITY-5	ST - ZIP					
TITLE				☐ DELETE	6.1 TITLE			☐ CI	hange	Addition	
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	T ADDRESS					
CITY-ST-ZIP					6.4 CITY - :						
14. I hereby o	certify that the inform	ation supplied with	h this filing d	oes not qualify to	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes.	I further certify th	nat the	information	
officer or i	director of the corpor	tion or the rece	iver or trustec	empowered to	execute this	report as req	ire shall have the same legal effect as uired by Chapter 607, Florida Statutes	; and that my nar	me apr	ears in	

James A. Dorsy