

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 25 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14377 (8)

1. Corporation Name
SEJATI ENVIRONMENTAL TRADING CO., INC.

Principal Place of Business C/O THOMAS A. THOMAS JR. 1917 HARRISON STREET HOLLYWOOD FL 33020	Mailing Address C/O THOMAS A. THOMAS JR. 1917 HARRISON STREET HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/17/1992	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0324251	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 500 SW 21 Terr Suite, Apt. #, etc.	26 1330 SW 10 ST Suite, Apt. #, etc.
22 Blg A 104 City & State	27 City & State
23 Ft Lauderdale FL Zip Country	28 Ft Lauderdale FL Zip Country
24 33312 USA	29 33312 USA

9. Name and Address of Current Registered Agent

**SIMMONS, EDWARD
1330 S W 10TH STREET
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SCHEELE, LESLEY 1330 S W 10TH STREET FT LAUDERDALE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	SIMMONS, EDWARD 1330 S W 10TH STREET FT LAUDERDALE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D/P
NAME		2.2 NAME	Simmons, Edward
STREET ADDRESS		2.3 STREET ADDRESS	1330 SW 10th St
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Ft Lauderdale FL 33312
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Lesley Scheele* **LESLEY SCHEELE** 4/19/95 **305.791.9933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #