

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P93000039528 (3)

1. Corporation Name
SEF, INC.

95 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4930 SANDPIPER LANE P. O. BOX 1886
ST. PETERSBURG FL 33711 OLDSMAR FL 34677
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **04/07/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1885 W. COMMERCIAL BLVD** 27 **1885 W. COMMERCIAL BLVD**
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 **SUITE 140** 27 **SUITE 140**
City & State City & State
23 **FT. LAUDERDALE, FL 33309** 28 **FT. LAUDERDALE, FL**
Zip Country Zip Country
24 **33309** 25 **BROWARD** 29 **33309** 30 **BROWARD**

4. FEI Number **59-3185029** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FRIEMAN, BRUCE W
4930 SANDPIPER LANE SOUTH
ST PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name **JOAQUIN N. FERNANDEZ, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2601 SO. BAYSHORE DRIVE # 1400**
84 City **MIAMI** FL 85 Zip Code **33133**

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **JOAQUIN N. FERNANDEZ** **3-1-95**
Signature, type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIEMAN, BRUCE W
STREET ADDRESS	4930 SANDPIPER LANE S.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOAQUIN N. FERNANDEZ	
1.3 STREET ADDRESS	209 OCEAN DR.	
1.4 CITY - ST - ZIP	TAVERNIER, FL 33070	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDUARDO GUTIERREZ	
2.3 STREET ADDRESS	13500 S.W. 97 ST.	
2.4 CITY - ST - ZIP	MIAMI, FL. 33186	
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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

3-1-95 **305-858-4001**
Date Telephone