

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P84000005812 (0)**

1. Corporation Name

SEPA TENNIS COMPANY

Principal Place of Business

~~1785 CALAIS DRIVE #4
MIAMI BEACH FL 33141~~

Mailing Address

~~1785 CALAIS DRIVE #4
MIAMI BEACH FL 33141~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 8215 N.W. 64th St

2a. Mailing Address

26 8215 N.W. 64th St

4. FEI Number

65-0416573

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 04

Suite, Apt. #, etc.

27 # 04

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing

Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 33166

Country

25

Zip

29 33166

Country

30

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

9. Name and Address of Current Registered Agent

**VON SPERLING, VALERIA
9030 SW 125TH AVENUE
E108
MIAMI FL 33186**

10. Name and Address of New Registered Agent

**81 Name Paulo H. machado
82 Street Address (P.O. Box Number is Not Acceptable) 401 69th St. Apt. 2-P
83
84 City Miami Beach FL 85 Zip Code 33141**

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 607.0508, Florida Statutes.

SIGNATURE

[Signature]

DATE Registered Agent signature (insert when registering)

4/17/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACHADO, PAULO H
STREET ADDRESS	1785 CALAIS DRIVE #4
CITY - ST - ZIP	MIAMI BEACH FL 33141
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	0/P	☒ Change ☐ Addition
1.2 NAME	machado, Paulo H.	
1.3 STREET ADDRESS	401 69th St. # 2-P	
1.4 CITY - ST - ZIP	Miami Beach, FL 33141	☐ Change ☒ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 authorized 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 to this report.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 (305) 868-5365