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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H76613** (9)

1. Corporation Name
THE SENECA CORPORATION



Principal Place of Business
**925 NE 117TH ST.
BISCAYNE PARK FL 33161**

Mailing Address
**925 NE 117TH ST.
BISCAYNE PARK FL 33161-6747**

3. Date Incorporated or Qualified
09/18/1985

3a. Date of Last Report
04/30/1996

2. Principal Place of Business
21 **1070 NE 105 Street**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1070 NE 105 Street**
Suite, Apt. #, etc.

4. FEI Number
59-2581356

Applied For
Not Applicable

22 City & State
23 **Miami Shores FL**

27 City & State
28 **Miami Shores FL**

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

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

24 Zip
33138

25 Country
USA

29 Zip
33138

30 Country
USA

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

9. Name and Address of Current Registered Agent

**SMITH, LINDA M.
11900 BISCAYNE BLVD
SUITE 200
NORTH MIAMI FL 33181**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GONZALEZ, MARIO S.
925 NE 117TH ST.
BISCAYNE PARK FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GONZALEZ, JACQUELINE MUR
925 NE 117TH ST.
BISCAYNE PARK FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**1070 NE 105 Street
Miami Shores FL 33138**

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
**1070 NE 105 Street
Miami Shores FL 33138**

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 in an attachment with an address.

SIGNATURE:

MARIO GONZALEZ PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (305) 866-6434
Date Daytime Phone #

CR2E034 (9/96)