

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 435483 (3)
1. Corporation Name
SEDDA INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
2350 SW 8TH ST.
MIAMI FL 33135 2350 SW 8TH ST.
MIAMI FL 33135

3. Date Incorporated or Qualified 11/14/1973
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1520608 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

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc 26 Suite, Apt. # etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

GONZALEZ, MERCEDES, M
8000 SW 17 TERR OR 2350 SW 8 ST
MIAMI, FLA

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 MERCEDES M. GONZALEZ PRESIDENT 7/11/96

Signature typed in print of name of registered agent and then if applicable

(NOTE: Registered Agent signature required when re-registering)

DA

12. OFFICERS AND DIRECTORS
TITLE PD
NAME GONZALEZ, MERCEDES
STREET ADDRESS 8000 SW 17 TERR
CITY-ST-ZIP MIAMI, FL 00000
TITLE SD
NAME LAMAR, MARIO
STREET ADDRESS 814 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 00000
TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MERCEDES M. GONZALEZ 7/11/96 305-642-1822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DA

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