FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 18 1997 8:00am Secretary of State

1997

DOCUMENT # 506442

(3)

SELL AMERICA CORP.

Principal Place of Business Mailing Address						FRANCENDAL BODDI OFDER BABBA BABBA FADDI	
211 SW 2ND ST P O BOX 190 FT LAUDERDALE FL 33301 US		211 SW 2ND ST P O BOX 190 FT LAUDERDALE FL 3330 US	1-1821		Date Incorporated or Qualified	3a. Date of Last Report	
					07/01/1976	04/30/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	#	Suite, Apt. #, etc.			59-1741252	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip /	Counti	·	This corporation has liability for in		
24	25	29 30			Florida Statutes	Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
	GID, DIANE H		8	Name			
11025 N.W. 28 ST. CORAL SPRINGS FL 33065			8:	Street Add	Address (P.O. Box Number is Not Acceptable)		
COI	nal springs fl 33003		6:	3			
			8-	1 City		85 Zip Code	
						FL	
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, typical or printed name of registered ag	nor and the if applicable (NOT	F Bugistered A	nent signature fran	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.	John S. J. Market V. Collection	ADDITIONS/CHANGES TO OFFICE		
TITLE	VPD	☐ DELETE	1.4 TITLE			Change Addition	
NAME	LEGAULT, DONALD		1.2 NAME				
STREET ADDRESS	217 SW 2ND STREET		1.3 STRE	et adoress			
CITY - ST - ZIP			1.4 CITY-			Change Addition	
TITLE NAME	1 Alam manufi		2.1 TITLE 2.2 NAME			Change L. Addition	
STREET ADDRESS	11025 N.W. 28TH ST.			T ADDRESS			
CHY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	D DELETE		3.1 TITLE			Change Addition	
NAME	MAGID, PEARL		3.2 NAME	:		. –	
STREET ADDRESS			3.3 STREET ADORESS				
City - St - ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE] _		☐ Change ☐ Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CHY-ST-ZIP TITLE			5.4 CITY - 6.1 TITLE			Change Addition	
NAME		perent	6.1 TITLE			Financiae Financiali	
STREET ACORESS				T ADDRESS			
City-St-ZiP			6.4 CITY	1			
3011 01 68			0.4 0111	* * *	THE ACCUSE OF THE PERSON OF TH		

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 on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 954-779-3400