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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 530964

(6)

SEENA INTERNATIONAL CORPORATION

FILED
May 02 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address					.,,					
8013 N.E. 12TH TERRACE P.O. BOX 5802 FT. LAUDERDALE FL 33334-4402		P.O. BOX 580	3013 N.E. 12TH TERRACE P.O. BOX 5802							
		FI. DAUDERDA	FT. LAUDERDALE FL 33334-4402			3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1977 08/06/1996				
2. Principal Pl	lace of Business	2a. Mailing Ad	ddress			4. FEI Number	L	$\dot{\Box}$	Applied For	
21		26				59-1815865			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27	27			5. Certificate of Status Desireo	L	Fee	Required	
City & State	e	City & Sta	City & State		6. Election Campaign Financing		\$5.0	May Be		
23		28	28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation has liability for in	intangible tax under s. 199,032,				
24	25	29		90				No		
	9. Name and Address of C	urrent Registered Ager	nt			10. Name and Address of New Reg	istered A	gent	<del></del>	
	lman, melvin			81	Name					
	0 NW 85TH AVE			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
TAM	IARAC FL 33321									
				83		•	-			
				84	City			OF 7:	p Code	
				84	City		FL	85 Zij	p code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, FI	orida Statutes	s, the abov	e-named cor	rporation submits this statement for the pr	prpose of	changing	its registered	
office or n	registered agent, or both, in the im familiar with, and accept the	State of Florida, Such of obligations of, Section 6	nange was au 07.0505. Flori	ithoriżed by ida Statute:	y the corpora s.	ation's board of directors. I hereby accep	the appo	antment a	as registered	
. •		g								
SIGNATURE	Signature, typod or printed name of register	red agent and tille if applicable.	(NOTE:	Registered Age	ent eignature requ	ired when reinstating)	DATE			
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO		
TITLE	PD		DELETE	1.1 TITLE				Change	Addition	
NAME	GELLMAN, JAY			1.2 NAME						
STREET ADDRESS	641 N.E. 107TH LANE			1.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL			1.4, CITY - 9	ST - ZIP					
TITLE	STD		DELETE	2.1 THLE				Change	Addition	
NAME	GELLMAN, ROBYN			2.2 NAME						
STREET ADDRESS	641 N.E. 107TH LANE			2.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL			2. 4 CITY -	ST-ZIP					
TITLE	CD		DELETE	3.1 TITLE				Change	Addition	
NAME	GELLMAN, MELVIN			3.2 NAME						
STREET ADDRESS	7910 N.W. 85TH AVE.			3.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMARAC FL			3.4. CITY-	1					
TITLE			DELETE	4.1 7mle	•			Change	Addition	
NAME		<del></del>		4. 2 NAME			`	٥		
STREET ADDRESS				4.3 ISTREET	LADORESS					
CITY-ST-ZIP				4.4 DITY-5						
TITLE	<del></del>		DELETE	5.1 TITLE	31 - 611			Change	Addition	
NAME				5.2 NAME					Second Francisco	
STREET ADDRESS				5 3 BTREE1	TADBOLGG					
				1						
CITY-ST-ZIP TITLE		<u> </u>	DELETE	5 4 DITY - S 6 1 TITLE	S1 - ZIP			Change	Addition	
			DECEN					Change	- LT WOOMON	
NAME			_	6.2 NAME						
STREET ADDRESS			`	6.3 STREET						
CITY-ST-ZIP	ay costilu that the information of	1 /		6.4 CITY - 9		nd in Contine 110 07/3)(i). Florida Statutos	I di sette a s	a a stiff of the	-146	

I do hereby certify that the information supplied with his 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 of 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 of the receiver or tostee 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.