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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 560878

(1)

SEFI, INC.

Principal Place of Business Mailing Address 501 BRICKELL KEY DR 7122 NW 50TH ST							
SUITE 206 MIAMI FL 33131-9608		SUITE 206 MIAMI FL 33166-5636					
minimin + h (V/19) V/V/V		US				3. Date Incorporated or Qualified	
2. Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number Applied For 59-1814724 Not Applicable	
21 Suita Ant #	t 1077	Suite, Apt. #, etc				S8.75 Additional	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23]	Country	Zip	Cou	ntrv		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29	30			Florida Statutes Yes No	
<u> </u>	9. Name and Address of Current					10. Name and Address of New Registered Agent	
	ALENTADO & ASSOCIATES			81	Name		
	SW 27TH AVE SUITE 203			62	Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAR	AI FL 33135			83			
*				84	City	FL 85 Zip Code	
office or re agent. Lan SIGNATURE	igistered agent, or both, in the State in familiar with, and accept the obligation of the control term agent	of Florida. Such change was tions of, Section 607.0505, F	s authorizei Florida Stat	utes	the corpora s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered pured when reinstating)	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILLE	SD	DELETE	1.1 TI	1.1 TITLE		Change Addition	
NAM:	DE BOGGIO, CECILIA		1.2 N	AME			
STREET ADDRESS	501 BRICKELL KEY DR #206				ADDRESS		
C IY 57 - 700	MIAMI FL PO	DELETE	1.4 CI 2 1 TI		ST-ZIP	Change Addition	
THLE NAME	BOGGIO, PIER CARLO	<u> Приин</u>	2 2 N				
STREET ADORESS	501 BRICKELL KEY DR #206		•		ADDRESS		
GHY S1-ZIP	MIAMI FL			2 4 CITY - ST - 7IP			
TITLE		☐ DELETE	3111			☐ Change ☐ Addition	
NAMI			3.2 N		LADODCCC		
STREET ADDRESS					I ADORESS ST-ZIP		
CITY - S1 - 24 ⁵		DELETE	4.1.7		31- KIL	☐ Change ☐ Addition	
NAME			4.21	IAME			
STREET ADDRESS			4.3 \$	TREE	T ADDRESS		
CHY ST ZIP					ST-ZIP	Chases Addition	
1111.6		□ DELETE	5.1 1			Change	
NAM"			52 N		T ADDRESS		
SPREEL ADDRESS: C-DY ST-7/P					ST-ZIP		
1016 1016		DELETE	6.1 T		V, KI	Change Addition	
NGMI			6.2 N	AME			
STREET ADORESS			6.3 S	TREE	T ADDRESS		
CHY.SI-7h			640	iTY-	ST - ZIP	A STORY FLAT CONTRACTOR OF STATE OF	
informatio Lamianio	or a displacet on this appared report of s	upplemental annual report i the receiver or trustee emp	s true and owered to	acc	urate and th	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name	