

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 614686 (4)

1. Corporation Name

SENECA INVESTMENTS CORP.

Principal Place of Business

260 CRANDON BLVD
SUITE 14
KEY BISCAYNE FL 33149

Mailing Address

260 CRANDON BLVD
SUITE 14
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE.

3. Date of Incorporation or Organization 03/02/1979
2a. Date of Last Report 03/02/1994

4. FEI Number 59-2124731
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
21 1001 S. Bayshore Dr
Suite, Apt. #, etc. 2210

City & State 23 Miami, FL
City & State 28 Miami, FL

Zip 24 33131 Country 25 USA
Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent

ESTEFAN, CAMILO
260 CRANDON BLVD
SUITE 14
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1001 S. Bayshore Drive
83 Suite 2210
84 City Miami FL 85 Zip Code 33131

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ESTEFAN, CAMILO
STREET ADDRESS	251 CRANDON BLVD #824
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	VSD
NAME	ESTEFAN, IVONNE
STREET ADDRESS	260 CRANDON BLVD #14
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	VSD
23 STREET ADDRESS	CHEHAB, EMILE
24 CITY - ST - ZIP	1001 S. Bayshore Dr. #2210 Miami, FL 33131
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number 8

3/27/95 - (305) 577-4321