PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006440

1. Corporation Name

SED MAGNA (MIAMI), INC.

Principal Place of Business

Mailing Address

4916 NORTH ROYAL ATLANTA DRIVE TUCKER GA 30085

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FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90114 001 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed		
					12/03/1997		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Apr	olied For
1 26		26			4PPREG-60A 65-0813797		: Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22	27				5. Certificate of Status Desired	Fee Re	quired
City & State City & State			-	-	6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	Fees
Zip	Country Zip			,	8. This corporation owes the current year Intal	ngible	<u></u>
			10		· ·	Ŭ Yes ✓	No
24	9. Name and Address of Current		-		10. Name and Address of New Registered A	gent	
	5. Italije Bild Address of Garren	t regional regions	81	Name		-	
CORPORATION SERVICE COMPANY							
• • • • • • • • • • • • • • • • • • • •			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1201 11/110 OTTILL			-				
TALLAHASSEE FL 32301-2525			83				
			84	City		85 Zip C	ode
				1	FL]	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes.	, the abov	e-named corp	poration submits this statement for the purpose of c	nanging its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was autr	nonzea by	the corporation	on's board of directors. I hereby accept the appoint	ment as reg	jisterea
=		1013 Or, Occupii 607.0000, 1 1010	- Juliuloi	••			
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Ro	egistered Age	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	CCEO	☐ DELETE	13.			Change	[] Addition
NAME	DIAMOND, GERALD	_	1.2 NAME				
	AND MORTH BOWN AT SAITS BOWE			T ADDRESS			
STREET ADDRESS	1 17 17 117 1 1 1 1 1 1	DRIVE	1				
CITY-ST-ZIP	TUCKER GA 30085	t pereze	1.4 CITY-5	ST-ZIP		Change	Addition
TITLE	PD	☐ DELETE	2.1 TITLE	1		☐ Criange	C) radiiioi
NAME	RISNER, RAY		2.2 NAME				
STREET ADDRESS	RESS 4916 NORTH ROYAL ATLANTA DRIVE			T ADDRESS			
CITY-ST-ZIP	TUCKER GA 30085		2. 4 CITY-	ST-ZIP			
TITLE	ST	DELETE -	3.1 TITLE		<u> </u>	Change	Addition Addition
NAME	AYERS, LARRY G		3.2 NAME				
STREET ADDRESS	44.4 1100711 00141 471 14171	DRIVE	3.3 STREE	T ADDRESS			
	TUCKER GA 30085		3.4, CITY-				
CITY-ST-ZIP	DV	☐ DELETE	4.1 TITLE			Change	Addition
		-	4. 2 NAME			-	
NAME	DIAMOND, MARK	DDI/E	1	TARRESCO			
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	TUCKER GA 30085	- Delete	4.4 CITY-5	ST-ZIP		Change	Additio
TITLE		☐ DELETE	5.1 TITLE			□ cuange	
NAME			5.2 NAME				
STREET ADDRESS	5		5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- \$	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Additio
NAME			0014145	1			
I W WILL			6.2 NAME				
STREET ADDRESS				T ADDRESS			

14. I 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 open attachment with an address, with all other like empowered.

SIGNATURE: