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

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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G66132

Country

9. Name and Address of Current Registered Agent

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(3)

SEME INTERNATIONAL CORP.

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8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Yes 🔲 No

EII ED

Principal Place of Business	Mailing Address	- · · · · · · · · · · · · · · · · · · ·	
1627 BRICKELL AVE #1007 MIAMI FL 33129	1627 BRICKELL AVE #1007 MIAMI FL 33129-1249		
		 Date Incorporated or Qualified 10/24/1983 	3a. Date of Last Report 10/14/1996
2. Principal Place of Business	2s. Mailing Address	4. FFI Number	Applied For
21	26	59-2334715	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

Country

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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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed to pointed harms of regions education and to all applicable. (NO)	E Ringissered Agent agnizoura	e required when reinstacts) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DELFTE	1.1 1011	Change Addition
NAME	ROSSATO, MARCELO	1,2 NAME	
STREET ADDRESS	1627 BRICKELL AVE #1007	1.3 STHEET ADORESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY+ ST- 7IP	
TITLE	☐ DELETE	2.1 THTLF	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		23 STREET ADDRESS	1
CITY-ST-ZIP		2. 4 CITY - \$1 - 74P	
TITLE	DITTE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-7IP	
TITLE	☐ DELETÉ	4.1 TriLE	Change Addition
NAME		4. ? NAME	
STREET ADDRESS		4.3 STREET LADDRESS	
CITY-ST-ZIP		4.4.011Y-S1-7IP	
TITLE	□ DELETÉ	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADORESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6 1 1HLF	Change L. Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CHY+S1-ZIP	

14. I do hereby certify that the information supplied with this firing 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 conjectation or the receiver or frustee 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.

ATTIONS MANY OF

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