SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF [illegible] MINIMUM AMOUNT DUE [illegible] STATUTES, $275.)

ADDRESS CHANGE ONLY

PROFIT
FLORIDA [illegible] OF S
[illegible]
[illegible] DIVISION OF CORPORATIONS

DOCUMENT # H29868 (7)

1. Corporation Name

SEBARIA, INC.

Principal Place of Business	Mailing Address
~~454 SOUTH STATE ROAD 7~~ ~~HOLLYWOOD FL 33023-6716~~	~~454 SOUTH STATE ROAD 7~~ ~~HOLLYWOOD FL 33023-6716~~

4551

2. Principal Place of Business	2a. Mailing Address
21 4551 Hollywood Boulevard	26 4551 Hollywood Boulevard
Suite, Apt. #, etc. 22 Hollywood	Suite, Apt. #, etc. 27 Hollywood
City & State 23 Florida	City & State 28 Florida
Zip 24 33021 Country 25 USA	Zip 29 33021 Country 30 USA

3. Date Incorporated or Qualified: 11/14/1984
3a. Date of Last Report: 10/20/1995
4. FEI Number: 59-2472652 ☐ 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

9. Name and Address of Current Registered Agent

DRUCKMAN, JACK
18151 NE 31ST COURT
SUITE PH 114
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: JACK DRUCKMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3443 S.W. 53RD COURT
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33312

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 _____ 11/20/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VONA, SEBASTIANO 105 NE 12TH AVE #19 HALLANDALE FL	☐ DELETE NOTE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP VONA, SEBASTIANO 4500 MONROE STREET HOLLYWOOD, FLORIDA 33021	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VONA, MARIA 105 NE 12TH AVE #19 HALLANDALE FL	☐ DELETE ADDRESS CHANGE ONLY	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D VONA, MARIA 4500 MONROE STREET HOLLYWOOD, FLORIDA 33021	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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97 JAN 13 PM 4:
TALLAHASSEE, FLORIDA

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sebastiano Vona 9-30-96 283-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01H96B0 PP