

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

FILED

**Mar 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H76613 (9)

1. Corporation Name
THE SENECA CORPORATION



Principal Place of Business: **925 NE 117TH ST. BISCAYNE PARK FL 33161**
Mailing Address: **925 NE 117TH ST. BISCAYNE PARK FL 33161-6747**

3. Date Incorporated or Qualified: **09/18/1985**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business: **21 1070 NE 105 Street**
22 City & State: **23 Miami Shores FL**
24 Zip: **33138** 25 Country: **USA**
26 Mailing Address: **26 1070 NE 105 Street**
27 City & State: **28 Miami Shores FL**
29 Zip: **33138** 30 Country: **USA**

4. FEI Number: **59-2581356**
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: **SMITH, LINDA M. 11900 BISCAYNE BLVD SUITE 200 NORTH MIAMI FL 33181**
10. Name and Address of New Registered Agent: **81 Name**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD <input type="checkbox"/> DELETE	NAME: GONZALEZ, MARIO S.	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 925 NE 117TH ST.	CITY-ST-ZIP: BISCAYNE PARK FL	12 NAME:	13 STREET ADDRESS: 1070 NE 105 Street
TITLE: S <input type="checkbox"/> DELETE	NAME: GONZALEZ, JACQUELINE MUR	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	14 CITY-ST-ZIP: Miami Shores FL 33138
STREET ADDRESS: 925 NE 117TH ST.	CITY-ST-ZIP: BISCAYNE PARK FL	22 NAME:	23 STREET ADDRESS: 1070 NE 105 Street
TITLE: <input type="checkbox"/> DELETE	NAME:	24 CITY-ST-ZIP:	24 CITY-ST-ZIP: Miami Shores FL 33138
STREET ADDRESS:	CITY-ST-ZIP:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	32 NAME:	
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TITLE: <input type="checkbox"/> DELETE	NAME:	34 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	42 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	43 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	44 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	52 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	53 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	54 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	62 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	64 CITY-ST-ZIP:	

14. I do 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 in an attachment with an address.

SIGNATURE: **MARIO GONZALEZ PRES.** 3/25/97 (305) 866-6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)