

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J65412** (5)

1. Corporation Name

SEVENTHE REAL ESTATE SERVICES, INC.



Principal Place of Business

**1000 PONCE DE LEON BLVD., #208
CORAL GABLES FL 33134**

Mailing Address

**1000 PONCE DE LEON BLVD., #208
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

04/03/1987

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2805238

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 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CONCEPCION, ANGEL
1000 PONCE DE LEON BLVD., #208
CORAL GABLES FL 33134**

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

Angel Concepcion, President

Signature of officer or director of corporation and the officer or director

DATE: *03/18/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **POST
CONCEPCION, ANGEL**
STREET ADDRESS **1000 PONCE DE LEON BLVD., #208**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME **VICE-PRESIDENT, DIRECTOR
OLIVER, WALKIRIA**
STREET ADDRESS **13405 SW 12 TERRACE**
CITY-STATE-ZIP **MIAMI FL 33184**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Angel Concepcion

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/96 (305) 443-3833

CR2E034 (12/95)