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

PROFIT
CORPORATION
ANNUAL REPORT
98-1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 24 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 23507

1. Corporation Name

S.E.P. INCORPORATED

Principal Place of Business

1883 N.W. 7TH STREET
MIAMI, FLORIDA 33125

Mailing Address

02/17/98 01057003 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1883 N.W. 7TH St.
Suite, Apt. #, etc
22 SUITE #1
City & State
23 MIAMI FLORIDA
Zip 24 33125 Country 25 U.S.A

2a. Mailing Address
26 1883 N.W. 7TH ST.
Suite, Apt. #, etc
27 SUITE 1
City & State
28 MIAMI, FLORIDA
Zip 29 33125 Country 30 U.S.A

3. Date Incorporated or Qualified
5/10/88

4. FEI Number
59-2773274

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STATON PARHAM
9721 S.W. 130 STREET
MIAMI, FL. 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001278892O----3
-02/26/99--01085--024
84 City ****150.FL 85 Zip Code ****150.00

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 _____ DATE 1/25/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if agent is changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/TREASURE	[ ] DELETE	11 TITLE	[ ] Change [X] Add
NAME	STATON PARHAM		12 NAME	EVA M. PARHAM
STREET ADDRESS	9721 S.W. 130 ST		13 STREET ADDRESS	VICE PRES/SEC.
CITY-ST-ZIP	MIAMI, FL 33176		14 CITY-ST-ZIP	9721 S.W. 130 ST.
TITLE	EVA M. PARHAM	[ ] DELETE	21 TITLE	MIAMI, FL. 33176 [ ] Change [ ] Add
NAME	VICE PRES/SEC.		22 NAME	
STREET ADDRESS	9721 S.W. 130 ST.		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176		24 CITY-ST-ZIP	
TITLE	VICE PRES/SEC.	X DELETE	31 TITLE	[ ] Change [ ] Add
NAME	YEN T. PARHAM		32 NAME	
STREET ADDRESS	9721 S.W. 130 ST.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176		34 CITY-ST-ZIP	
TITLE	PRESIDENT/TREAS	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME	STATON PARHAM		42 NAME	
STREET ADDRESS	9721 S.W. 130 ST.		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33176		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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CR2E034 (11/98)

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 be the same 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, with all other like empowered.

SIGNATURE: _____ 1/25/99 (305) 326-0870 (305) 326 8757
SIGNATURE AND TYPED OR PRINTED NAME OF SAME OFFICER OR DIRECTOR