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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K41388

SEGUTRONIC INTERNATIONAL INC.

FILED
Mar 11, 1999 8:00 am
Secretary of State
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03-11-1999 90081 047 ***150.00



Principal Place of Business Mailing Address						ANTE ALINE PINE (NI)	ALL BOOKS ALALS SAND
					·		
8406 N.W. 66TH : Suite 400 -	I SIREEI	8406 N.W. 66TH STREET					
MIAMI FL 33166	3	MIAMI FL 33166			DO NOT WRITE IN T	HIS SPACE	
US		US	2		3. Date Incorporated or Qualifed 10/26/1988		
2. Principal Pl	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number		Applied For
21 8406	N.W. 66 TH Street	26 8406 N.W. 66	<u>'' 57</u>	treet	65-0080223		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23 Mian	ni, FL	28 miami, fl			Trust Fund Contribution		ed to Fees
- Zip	Gountry	Zip	- Country	٠٤,	8. This corporation owes the current year		□No
24 3316		29 33166 30	J 4		Personal Property Tax.	red Agent	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
GAM	IERO, CARLOS						
	N.W. 66TH STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUIT	E 406	•	83				
MAIM	AI FL 33166		84	City		85 Z	ip Code
I I		_		,		FL	`
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	onzed by	the corpor	orporation submits this statement for the purpos- ration's board of directors. I hereby accept the ap	e of changing ppointment as	registered
Signature, typed or pnnted name of registered agent and title if applicable (NOTE: Registered Age				t signature req			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	☐ DELETE	1.1 TITLE			Chang	ge LI Addition (
NAME	GAMERO, CARLOS		1.2 NAME	-	8406 N.W. 66th Street		
STREET ADDRESS	815 NW 57TH AVE STE 406		1.3 STREET	- 1	miami , FL 33166		ļ
CITY-ST-ZIP	MIAMI FL	Document .	1.4 CITY+ST	r-ZIP	MIAMI, FL DSIBB	☐ Chan	ge 「Addition
TITLE		☐ DELETÉ	2.1 TITLE		•	C Cularit	geAddition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		Cloritte	2 4 CITY-S	T-ZIP		☐ Chang	ge [Addition
TITLE		☐ DELETE	3.1 TITLE	ļ		Contail	ge
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET				Į.
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP		Chang	ge Addition
TITLE		C) bellie	4.1 IIILC	}		_	
NAME			4.2 NAME	ADDOESS.			1
STREET ADDRESS					•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-ZIP		☐ Chan	ge Addition
TITLE		C 002212	5.2 NAME			-	" . [—]
NAME 070FFT 4 DDDDECO				ADDRESS			\
STREET ADDRESS			5.4 CITY-S				{
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Chan	ge Addition
			6.2 NAME				- –
NAME				ADDRESS			
STREET ADDRESS			J. J. J. L. L.				Į

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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

CARLOS GAHERU

305-463-8551