FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K52664 (5)

1. Corporate Name
SEAL DEVELOPMENT CORP.

Principal Place of Business
10300 SUNSET DR.
STE 263
MIAMI FL 33173

Mailing Address
10300 SUNSET DR.
STE 263
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22 — 27
City & State — 23 — 28
24 — 25 — 29 — 30

4. FEI Number: 65-0161040 — 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. The corporation has activity for income tax under § 199 of the Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, MICHAEL A.
11621 S.W. 99TH ST
MIAMI FL 33176

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GARCIA, MICHAEL A.
STREET ADDRESS	11621 S.W. 99TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	VPDS
NAME	GARCIA, J. DAVID
STREET ADDRESS	600 EAST MEDICAL CTR BLDG 903
CITY, ST, ZIP	WEBSTER TX
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (in 1.)

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report, voluntarily furnished and checked, qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on the 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 the report as prescribed by Chapter 607, Florida Statutes; and that my name appears above, or on attachments with an asterisk.

SIGNATURE: 04/25/95 — Date — 305-596-5538 — Telephone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael A. Garcia-President

0197704 CP