FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K52664** **(5)**

1. Corporation Name

SEAL DEVELOPMENT CORP.

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

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

3. Date Incorporated or Qualified: **12/20/1988**

3a. Date of Last Report: **05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032, 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: GARCIA, MICHAEL A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 10761 SW 130th ave.
84 City: MIAMI FL 85 Zip Code: 33186

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 changing ___ DATE ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPT	☐ DELETE	1.1 TITLE: VPDS	☐ Change ☒ Addition
NAME: GARCIA, MICHAEL A.		1.2 NAME: H. TRAVIESO	
STREET ADDRESS: ~~11621 S.W. 99TH ST~~		1.3 STREET ADDRESS: 8883 Fountainbleau Blvd, apt 108	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: MIAMI, FL 33172	
TITLE: VPDS	☒ DELETE	2.1 TITLE: DPT	☒ Change ☐ Addition
NAME: ~~GARCIA, J. DAVID~~		2.2 NAME: GARCIA, MICHAEL A.	
STREET ADDRESS: ~~600 EAST MEDICAL CTR BLDG 903~~		2.3 STREET ADDRESS: 10761 SW 130th ave	
CITY-ST-ZIP: ~~WEBSTER TX~~		2.4 CITY-ST-ZIP: MIAMI FL 33186	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: [signature] Feb 2, 1996 305-596 5538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #