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

Mailing Address

10300 SUNSET DR.

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K52664

SEAL DEVELOPMENT CORP.

Principal Place of Business

10300 SUNSET DR.

FILED Apr 06, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS** 1999

Secretary of State
04-06-1999 90046 021 ***150.00



STE 263 MIAMI FL 33173		STE 263 MIAMI FL 33173		DO NOT WRITE IN THIS SPACE				
WILKING I C 30170		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date Incorporated or Qualifed 12/20/1988			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26				65-0161040		П	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired				
22 27 City & State City & State				 	- Flection Compaign Financing		00 May Be	
City & State City & State 28				Election Campaign Financing Trust Fund Contribution		ed to Fees		
Zíp	Country	Zip Country			 This corporation owes the current year Interest. 		_	
24	25	29 30)		Personal Property Tax.	□Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name		-		
**	CIA, MICHAEL A.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u>-</u>		
10761 SW 130TH AVE.								
MIAN	II FL 33186		83	·				
ı						Tant	Zip Code	
			84	City	FL	85 Z	ap Code	
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	lorized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing ntment as	its registered s registered	
SIGNATURE					od when reinstating) DATE		 {	
	Signature, typed or printed name of registered ager			t signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBE	TORS IN 12	
12.		D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	☐ Chan		
TITLE	VPDS	C) pereie	1.2 NAME					
NAME	TRAVIESO, H.							
STREET ADDRESS	s 8883 FOUNTAINBLEAU BLVD., APT. 108			ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S1	T-ZIP				
TITLE	DPT	☐ DELETE	2.1 TITLE			Char	nge 🗌 Addition	
NAME	GARCIA, MICHAEL		2.2 NAME	Ì				
STREET ADDRESS	10761 SW 130TH AVE.		2.3 STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-S	IT-ZIP				
TITLE			3.1 TITLE			Chan	nge	
NAME	•		3.2 NAME				j	
STREET ADDRESS			3.3 STREET	TADDRESS				
CITY-ST-ZIP		,	3.4. CITY-S	- !			,	
TITLE		☐ DELETE	4.1 TITLE	····		[] Char	nge Addition	
. i			4.2 NAME					
NAME			4.3 STREET	T ADDRESS				
STREET ADDRESS							,	
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY-S' 5.1 TITLE	1-41		Char	nge Addition	
TITLE		☐ nereie	5.1 ISILE 5.2 NAME			L_ 0,101		
NAME.			•	r annonese				
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-		Char	nge	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET	T ADDRESS				
OUT OF TIP			6.4 CITY-S	T-ZIP				

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 suppliemental angual 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 receive or trastee 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, of or an attachment with an address, with all other like empowered.

SIGNATURE: _

REQUPRESIdent

305-596-5538

Date