

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 # L00739

(7)

1. Corporation Name

SEASIDE PROPERTIES, INC.



Principal Place of Business

Mailing Address

C/O CARLOS MUSSO  
6900 NW 52 ST.  
MIAMI FL 33166  
US

C/O CARLO MUSSO  
6900 NW 52 ST.  
MIAMI FL 33166  
US

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 10814 NW 33 St

26 10814 NW 33 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #100

27 Suite #100

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33172

25 USA

29 33172

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUMIET, JUAN P.  
1221 BRICKELL AVENUE  
MIAMI FL 33131

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 607.0502 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

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

1.21 CITY-ST-ZIP

1.22 CITY-ST-ZIP

1.23 CITY-ST-ZIP

1.24 CITY-ST-ZIP

1.25 CITY-ST-ZIP

1.26 CITY-ST-ZIP

1.27 CITY-ST-ZIP

1.28 CITY-ST-ZIP

1.29 CITY-ST-ZIP

1.30 CITY-ST-ZIP

1.31 CITY-ST-ZIP

1.32 CITY-ST-ZIP

1.33 CITY-ST-ZIP

1.34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

1.21 CITY-ST-ZIP

1.22 CITY-ST-ZIP

1.23 CITY-ST-ZIP

1.24 CITY-ST-ZIP

1.25 CITY-ST-ZIP

1.26 CITY-ST-ZIP

1.27 CITY-ST-ZIP

1.28 CITY-ST-ZIP

1.29 CITY-ST-ZIP

1.30 CITY-ST-ZIP

1.31 CITY-ST-ZIP

1.32 CITY-ST-ZIP

1.33 CITY-ST-ZIP

1.34 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

305 591 9397

Date

Daytime Phone #

CR2E034 (12/95)