

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90170 036 ***150.00

DOCUMENT # L16351

1. Corporation Name

SEBASTIAN OF MIAMI DADE, INC.

Principal Place of Business

900 PARK CENTRE BLVD.
STE. 476
MIAMI FL 33169

Mailing Address

900 PARK CENTRE BLVD.
STE. 476
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1989

4. FEI Number

65-0145761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 1000 Park Centre Blvd.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Miami, Florida

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 1000 Park Centre Blvd.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Miami, Florida

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

PEREIRA, JORGE L
1005 SW 87TH AVE.
MIAMI FL 33174

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RONDON, IVAN A.
STREET ADDRESS 18043 NW 60 CT
CITY-ST-ZIP MIAMI BEACH FL

TITLE VPD ☐ DELETE

NAME RONDON, IVAN AMILKAR, JR
STREET ADDRESS 18043 NW 60 CT
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☐ DELETE

NAME RONDON, IAN A.
STREET ADDRESS 18043 NW 60 CT
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME RONDON, NINOSHKA N.
STREET ADDRESS 18403 NW 60 CT
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN RONDON - PRESIDENT

4/20/99

305-624-4949

Date

Daytime Phone #

CR2E034 (11/98)

0245367