FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Oct 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)1. Corporation Name SEANIC CORPORATION Principal Place of Business Mailing Address 1717 COLLINS AVENUE 1717 COLLINS AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS BPACE US 3. Date Incorporated or Qualified 10/26/1989 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 250 NOMER HIBISCUS DR 26 250 NONTH HIRISCUS DN 65-0317476 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year intangible 33139 DADG DA 06 33/39 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIRMELLI, STEVEN Sto vin MIRMELL 1717 COLLINS AVENUE Street Address (P.O. Box Number is Not Acceptable 82 MIAMI BÉACH FL 33139 83 Zip Code 33/39 City MIAM. 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 DATE (NOTE: Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST TITLE 1.1 TITLE PST DELETE Change Addition MIRMELLI. STEVEN NAME 1.2 NAME MIRMOLLI, STEVEN 1717 COLLINS AVENUE 250 NONTH HIBIGOUS DN STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 MIAM. BOXUL CiTY-ST-ZIP 1.4 CITY-ST-ZIP ħ TITLE 2.1 TITLE DELETE Change Addition MIRMELLI, STEVEN MIRMELLI, STEVEN NAME 2.2 NAME HIBISCUS DA 1717 COLUNS AVENUE 250 LONTA STREET ADDRESS 2 3 STREET ADDRESS 33/39. MIAMI BEACH FL BENCH, FL miami 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change L Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE. 5 1 TITLE DELETE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

in Block 12 or Block 13 If changed, or on an attachment with an address.

SIGNATURE: SIG

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 ennual 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

STREET ADDRESS

CITY-ST-ZIP