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

FILED
Feb 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **L31730** **(9)**

1. Corporation Name

SELKET CORP.

Principal Place of Business

% LEE MILICH, P.A.
11900 BISCAYNE BLVD., #809
N. MIAMI FL 33181

Mailing Address

% LEE MILICH, P.A.
11900 BISCAYNE BLVD., #809
N. MIAMI FL 33181

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: **11/27/1989**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **11-2997188** ☐ 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

MILICH, LEE
11900 BISCAYNE BLVD. #809
N. MIAMI FL 33181

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 607.1502, 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

Date

12. OFFICERS AND DIRECTORS

TYPE	**PSD**	☐ DELETE
NAME	**BRAVERMAN, GARY**	
STREET ADDRESS	**2000 QUAYSIDE TERR.**	
CITY-ST-ZIP	**MIAMI FL**	
TYPE	**V**	☐ DELETE
NAME	**MILICH, LEE**	
STREET ADDRESS	**11900 BISCAYNE BLVD #809**	
CITY-ST-ZIP	**N. MIAMI FL**	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TYPE		☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	5500 Collins Ave., #601	
64 CITY-ST-ZIP	Miami Beach, FL 33140	
65 TYPE		☐ Change ☐ Addition
66 NAME		
67 STREET ADDRESS		
68 CITY-ST-ZIP		
69 TYPE		☐ Change ☐ Addition
70 NAME		
71 STREET ADDRESS		
72 CITY-ST-ZIP		
73 TYPE		☐ Change ☐ Addition
74 NAME		
75 STREET ADDRESS		
76 CITY-ST-ZIP		
77 TYPE		☐ Change ☐ Addition
78 NAME		
79 STREET ADDRESS		
80 CITY-ST-ZIP		
81 TYPE		☐ Change ☐ Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 added by attachment with an address.

SIGNATURE: _____ Gary Braverman 2/12/96 (305)865-0100

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #