

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 Jun 26 1998 8:00am  
 Secretary of State

DOCUMENT # **L38300**

(4)

Corporation Name  
**SETH GORDON ASSOCIATES, INC.**



Place of Business  
**444 BRICKELL AVENUE, #1050  
 MIAMI FL 33131**

Mailing Address  
**444 BRICKELL AVENUE, #1050  
 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/20/1989**

4. FEI Number  
**65-0163788**

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 owes or has paid the current year's Personal Property Tax due June 30  Yes  No

7. Principal Place of Business  
 Apt # etc  
 State  
 Country  
 25

2a. Mailing Address  
 26 State Apt # etc  
 27 City & State  
 28 Zip  
 29 Country  
 30

10. Name and Address of New Registered Agent

**GORDON, SETH  
 444 BRICKELL AVENUE  
 SUITE 1050  
 CORAL GABLES FL 33146**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85

I, the undersigned, being a resident qualified agent and the principal officer 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.

12. OFFICERS AND DIRECTORS (Signature, Title, Address, City, State, Zip, Date)

OFFICERS AND DIRECTORS	DELETE
<b>DPC GORDON, SETH 3904 BRAGANZA AVE MIAMI FL</b>	<input type="checkbox"/>
<b>S BRADLEY, LAURA 3904 BRAGANZA AVE MIAMI FL</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CHANGE	DELETE
13. 1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.2 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.3 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

*Handwritten signature*

50000257-1385  
 -06/29/98--01027--032  
 \*\*\*156.75

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 on Block 12 or Block 13, if applicable, or on an attachment with an address.

page 2



- 444 brickell avenue . suite 1050 . miami, fl 33131 . phone: (305) 381.6500 . fax: (305) 381.6502
- 2300 corporate boulevard . suite 142 . boca raton, fl 33431 . phone: (561) 477.2557 . fax: (561) 477.2558

**Via Federal Express**

June 24, 1998

Attn: Annual Reports  
Division of Corporations  
Florida Department of State  
409 East Gaiones Street  
Tallahassee, FL 32399

Dear Sir/Madam:

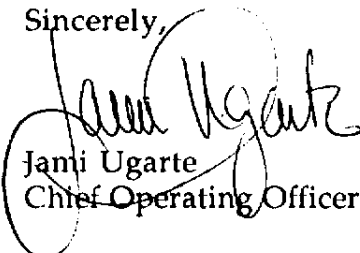
After attempting to get a Certificate of Good Standing, I was informed that we were delinquent because we had not filed our annual report. We never received our annual report in the mail and after speaking with one of your representatives, Mr. Tyronne Scott, I was informed that you could waive the application late fee due to the fact that we never received the annual report.

I was also informed that I could send a photocopy, if there were no changes and this would be sufficient.

Enclosed please find photocopy and check of \$158.75. I hope this will be sufficient for our filing.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Jami Ugarte  
Chief Operating Officer