FILE	NOW: FILING FEE	AFTER MAY 1 I	S \$225.00		
F COR ANNU	PROFIT PORATION JAL REPORT 19964-2696	FLORIDA DEPAI Sandra I Secreta	RTMENT OF STATE  B. Mortham  B. Mortham  B. Mortham  CORPORATIONS		
DOCUN 1. Corporation	MENT # L5000	2 (°)			
SEREY	CORP.			# 1129E11 400 1001 5014 5011	(1 <b>.6. 1727 - 173</b> 1) <b>2</b> 1-1871 - 1873 - 1874 (1.8. 1874 - 1884) - 1884 (1.8. 1874 - 1884)
Principal Place	of Business	Mailing Address			
	y mernandez H St. Circle 174	C/O MAGALY HERNAN 9914 SW 5TH ST. CIRC MIAMI FL 33174		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		02/08/1990 4. FEI Number	05/01/1995
21		26]		65-0215467	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country		Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Current	29   Paristand # 2221	30	Florida Statutes X Yes	No No
<u> </u>	9. Marile and Address of Current	negistered Agent	81 Name	10. Name and Address of New I	Registered Agent
	IDEZ, MAGALY		82 Street Addre	ss (P.O. Box Number is Not Acceptal	Die)
9914 SW 5TH STREET CIRCLE MIAMI FL 33174					,
MIAMI F	L 331/4				
44 5			84 City		FL 85 Zip Code
Or registere	the provisions of Sections 607.0502 and agent, or both, in the State of Florida, and accept the obligations of, Sections	i. Quch change was authorized	<ul> <li>the above-named corporated by the corporation's board</li> </ul>	tion submits this statement for the pu Lof directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	the decopie the obligations of, decid	in 607,0000, Florida Statutes.			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature required v		DATE ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TiTLE	ADDITIONS/OF MINGES TO OFF	Change Addition
NAME	HERNANDEZ, SERGIO A.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	9914 SW 5TH ST. CIRCLE		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	PEREZ, REYNALDO L.		2.2 NAME		
CITY-ST-ZIP	9914 SW 5TH ST. CIRCLE		2 3 STREET ADDRESS 2 4 City-St-Zip		
TITLE	**************************************	☐ DELETE	3. 1 TITLE		Change Addition
NAME STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 City-St-Zip		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-SI-ZIP			6.3 STREET ADDRESS   6.4 CITY - ST - ZIP		
Cei invinai i	certify that the information supplied wi he in ormation indicated on this annua	L FERDOTI OF BLIDDIAMANTAL ADDUS	ned and does not qualify for	and that are closest up about have the	aanaa laani affaat oo if oo doo oo l
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: Sergio a Tempine Hambine 4/11/96					
SIGNATO		RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	/// // // // Date	Deytinie Phone #