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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90649

(9)

**SEA TREASURES INCORPORATED** 

Principal Place of Business Mailing Address 18947 SE FEDERAL HWY 18947 SE FEDERAL HWY JUPITER FL 33469-1715 JUPITER FL 33469 3. Date incorporated or Qualified 3a. Date of Last Report 07/26/1990 04/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0205177 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tay under s. 199.032. Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JARMILLO, CARLOS 18947 SE FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33469 83 84 City Zip Code 85 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, hypertinal prince thrack, of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 TITLE JARAMILLO, CARLOS 1.2 NAME NAME 18947 SE FEDERAL HWY 1.3 STREET ADORESS STREET ADDRESS JUPITER FL 1.4 CITY - ST-ZIP CITY - ST - ZIP Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME: 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C:TY - ST - ZIF DELETE ☐ Change Addition 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition 4.1 TITLE THEF 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 2IF Addition Change DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

City-St-ZiP

14. I do 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

(ARLOS JARAMILLO 1/22/97 (561) 744 KG4

an attachment with an address

FILED
Jan 28 1997 8:00am
Secretary of State



(96/6)