

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

PROFIT CORPORATION ANNUAL REPORT 1997

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



**FILED**  
97 MAR 28 AM 10: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **L96808** (5)  
1. Corporation Name  
**SEASHORE HOLDING, CORP.**

Principal Place of Business Mailing Address  
**701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131** **701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131-2851**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>65-0217206</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SULLIVAN, JOHN S.  
701 BRICKELL AVENUE  
SUITE 850  
MIAMI FL 33131**

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ-FRAILE, GONZALO</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE SUITE 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>DSPT</b>	<input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, JOHN S.</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE SUITE 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>200002127902-9</b>
1.3 STREET ADDRESS	<b>-03/28/97--01144--012</b>
1.4 CITY-ST-ZIP	<b>***3755.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(r), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John S. Sullivan* **JOHN S. SULLIVAN DSPT** 3/14/97 305/381-8340

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

CR2E034 (9/96)