

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M06823 (2)
1. Corporation Name
SEVLAP CORP.



Principal Place of Business: **915 PALERMO AVE 105 CORAL GABLES FL 33134**
Mailing Address: **915 PALERMO AVE 105 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **10/23/1984**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2475477**
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

2. Principal Place of Business: 21 Sube. Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MARLIN, GARY R.
250 CATALONIA AVE STE 303
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
DP
ROSS, ARTHUR E.
915 PALERMO AVENUE #105
CORAL GABLES FL
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
2.1 TITLE: [Change] [Addition]
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: [Change] [Addition]
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____
4.1 TITLE: [Change] [Addition]
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: [Change] [Addition]
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: [Change] [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 is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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: **ARTHUR E. ROSS JR** *[Signature]* **JAN 19/96** (305) 445-5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)