

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49394** (3)

1. Corporation Name

SEVEN SEAS PROPERTIES INC.

Principal Place of Business

**799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US**

Mailing Address

**799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified **03/31/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2793320** 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**

7. This corporation has liability for intangible tax under the Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite Apt # etc

2a. Mailing Address

26 Suite Apt # etc

22 City & State

27 City & State

23 City

28 City

24 State

29 State

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (b)(5) 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 (b)(5) Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of President or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME AS
PERLMAN, GEORGE D.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL

NAME PTS
ARSIDI, VICTOR
799 BRICKELL PLAZA, SUITE 900
MIAMI FL

NAME D
ARSIDI, VICTOR
799 BRICKELL PLAZA, SUITE 900
MIAMI FL

NAME

NAME

NAME

1. NAME
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1993 (2) (b)(5) 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:

Victor Arside

Victor Arside, President

4/11/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR