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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M52205** **(5)**

1. Corporation Name
SEGURA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1395 BRICKELL AVE 3 FL MIAMI FL 33131 US	1395 BRICKELL AVE 3 FL MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1987**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business 21: Suite, 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:

4. FEI Number: **65-0433909** ☐ 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

9. Name and Address of Current Registered Agent

[illegible]

10. Name and Address of New Registered Agent

81 Name: ROBERT W. STEWART, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Avenue
83: Third Floor
84 City: Miami, FL 85 Zip Code: 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BAUTISTA, PATRICIA	12 NAME	
STREET ADDRESS	1395 BRICKELL AVE 3 FL	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	BAUTISTA, FELIPE	22 NAME	
STREET ADDRESS	1395 BRICKELL AVE 3 FL	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	[illegible]	31 TITLE	☐ Change ☐ Addition
NAME	[illegible]	32 NAME	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP	
TITLE	[illegible]	41 TITLE	☐ Change ☐ Addition
NAME	[illegible]	42 NAME	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	44 CITY-ST-ZIP	
TITLE	[illegible]	51 TITLE	☐ Change ☐ Addition
NAME	[illegible]	52 NAME	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 [illegible]

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120090 CP