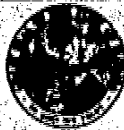


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M52205

(5)

1. Corporation Name

SEGURA OF FLORIDA, INC.

Principal Place of Business

1395 BRICKELL AVE
3 FL
MIAMI FL 33131
US

Mailing Address

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

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

Robert W. Stewart, P.A.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BAUTISTA, PATRICIA

STREET ADDRESS

1395 BRICKELL AVE 3 FL

CITY - ST - ZIP

MIAMI FL

TITLE

DP

NAME

BAUTISTA, FELIPE

STREET ADDRESS

1395 BRICKELL AVE 3 FL

CITY - ST - ZIP

MIAMI FL

TITLE

XX

NAME

~~XXXXXXXXXXXXXXXXXXXX~~

STREET ADDRESS

~~XXXXXXXXXXXXXXXXXXXX~~

CITY - ST - ZIP

~~XXXXXXXXXXXXXXXXXXXX~~

TITLE

XX

NAME

~~XXXXXXXXXXXXXXXXXXXX~~

STREET ADDRESS

~~XXXXXXXXXXXXXXXXXXXX~~

CITY - ST - ZIP

~~XXXXXXXXXXXXXXXXXXXX~~

TITLE

XX

NAME

~~XXXXXXXXXXXXXXXXXXXX~~

STREET ADDRESS

~~XXXXXXXXXXXXXXXXXXXX~~

CITY - ST - ZIP

~~XXXXXXXXXXXXXXXXXXXX~~

TITLE

XX

NAME

~~XXXXXXXXXXXXXXXXXXXX~~

STREET ADDRESS

~~XXXXXXXXXXXXXXXXXXXX~~

CITY - ST - ZIP

~~XXXXXXXXXXXXXXXXXXXX~~

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 does not qualify for the exemption stated in Section 110.07(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 affidavit.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title