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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M52205

1. Corporation Name
SEGURA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1395 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131 US	1395 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 999 Brickell Ave.
Suite, Apt #, etc
22 Suite 1006
City & State
23 Miami Fl.
Zip / Country
24 33131 25 USA

2a. Mailing Address
26 999 Brickell Ave.
Suite, Apt #, etc
27 Suite 1006
City & State
28 Miami, Fl.
Zip / Country
29 33131 30 USA

3. Date Incorporated or Qualified
05/15/1987

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 owes the current year intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STEWART, ROBERT W. P.A.
1395 BRICKELL AVENUE
THIRD FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Robert W. Stewart, PA
82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue
83 Suite 1006
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ...) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BAUTISTA, PATRICIA	
STREET ADDRESS	1395 BRICKELL AVE 3 FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	[ ] DELETE
NAME	BAUTISTA, FELIPE	
STREET ADDRESS	1395 BRICKELL AVE 3 FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	[X] DELETE
NAME	SANCHEZ, OSCAR	
STREET ADDRESS	16290 NW 13TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ______ OSCAR SANCHEZ 1/28/99 305.358.7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #