

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
SECRETARY OF STATE
CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

55 MAY - 1 PM 2: 06

DOCUMENT # **M53432**

(4)

SELMARK, INC.

2. Date of Report (Month/Day/Year)		26. Mailed Address		3. Date of Report (Month/Day/Year)		3a. Date of Report (Month/Day/Year)	
21. State of Report		27. Date of Report		4. Filing Number		Argument For	
22. City, State		28. City, State		5. Certificate of Status (Domestic)		Not Applicable	
23. City, State		29. City, State		6. Election Campaign Financing Total Fund Contribution		\$8.75 Additional Fee Required	
24. City, State		30. City, State		7. Election Campaign Financing Total Fund Contribution		\$5.00 May Be Added to Fees	
25. City, State		31. City, State		8. The corporation has liability for delinquent taxes under the 1994 Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEDINA, PABLO 9421 SW 97 STREET <i>9000 SW 56TH STREET</i> MIAMI FL 33156 <i>MIAMI, FL 33165</i>				B1 Name			
				B2 Street Address (P.O. Box Number or R.F.D. optional)			
				B3 City, State			
				B4 City, State			

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer of the corporation and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	D NAME: MEDINA, PABLO STREET ADDRESS: 9000 SW 56 ST CITY, STATE: MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME: MEDINA, SILVIA N STREET ADDRESS: 1612 NW 18 STREET CITY, STATE: CAPE CORAL FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME: MEDINA, PABLO F. STREET ADDRESS: 1462 SW 69 STREET <i>9000 SW 56 Street</i> CITY, STATE: MIAMI FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *Pablo Medina Pres*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-95
 305-448-3433