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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N50136 (3)

1. Corporation Name
EGTSEMANI CORPORATION

Principal Place of Business

6225 JOHNSON STREET
HOLLYWOOD FL 33024
US

Mailing Address

6225 JOHNSON STREET
HOLLYWOOD FL 33024-5931
US



3. Date Incorporated or Qualified
07/29/1992

3a. Date of Last Report
02/07/1996

2. Principal Place of Business
21 6225 JOHNSON STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 6225 JOHNSON STREET
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
23 HOLLYWOOD, FLORIDA

27 City & State
28 HOLLYWOOD, FLORIDA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33024 25 Country U.S.

29 Zip 33024 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETO, JUAN
6661 SW 18TH STREET, #109
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRETO, JUAN	
STREET ADDRESS	6931 S.W. 19TH STREET, APT. 21	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSARIO, EMMA	
STREET ADDRESS	553 NW 93 RD. ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOLEDO, MARIANA	
STREET ADDRESS	6380 SW SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOLEDO MARIANA	
1.3 STREET ADDRESS	6380 SW SHERMAN ST	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33024	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CANDELARIA ESPARADA	
2.3 STREET ADDRESS	4800 SW 16 ST.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33317	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan Barreto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023636

CR2E037 (9/96)

1/13/97
A Bank

JAN 08-1997