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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90069 002 ***150.00

DOCUMENT # P26285

SEABOA	RD EXPORT CORPORATION	OF DELAWARE					
Principal Place	e of Business	Mailing Address			A INDEPENDENT LES FINCTO METITO DE SESSON METITO	, BIBIT AFATA BIBIT A	INII DIDII ARALI ISOL
1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132		1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132		DO NOT WRITE IN 3. Date incorporated or Qualifed	THIS SPACE		
	•				10/03/1989		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			43-6065475		Not Applicable
_ Suite, Apt	#, etc	Suite, Apt. #, etc.		e	5. Certificate of Status Desired		5 Additional
22		27			5. Certificate of Status Dusired	·Fe	e Required
City & State	e - ·	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current y		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent	8	d Nama	10. Name and Address of New Regis	itered Agent	
OT (CORPORATION		8	1 Name			
		,	8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
) S. Pine Island Road Ntation Fl. 33324		8	13		*	
PLAI	MIABON FL 33324		l°	3			
			8	4 City		FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the purp	ose of changing	g its registered
office or r agent. I a	egistered agent, or both, in the State on the state of the familiar with, and accept the obligations.	of Florida. Such change was a cions of, Section 607.0505, Fl	autnonzeo d orida Statute	es.	poration submits this statement for the purp tion's board of directors. I hereby accept the	арриниел а	g its registered s registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of manillar with, and accept the obligation of the state	of Florida. Such change was a cions of, Section 607.0505, Florida in and title if applicable. (NOT	authorized in orida Statute	es.	red when reinstating)	ATE	
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CITY-ST-ZIP 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.

(913) 676-8800