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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P35044

(7)

1. Corporation Name

SERROT CORPORATION

Principal Place of Business

~~5401 ARGOSY DRIVE
HUNTINGTON BEACH CA 92640~~

Mailing Address

~~5401 ARGOSY DRIVE
HUNTINGTON BEACH CA 92640-1000~~

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 125 Cassia Way
Suite, Apt. #, etc.

2a. Mailing Address

26 125 Cassia Way
Suite, Apt. #, etc.

22 City & State

23 Henderson NV
Zip Country

27 City & State

28 Henderson NV
Zip Country

24 89014

25 USA

29 89014

30 USA

4. FEI Number

95-3215068

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, GUILLERMO M.
STREET ADDRESS 125 CASSIA WAY
CITY-ST-ZIP HENDERSON NV ☐ DELETE

TITLE VSD
NAME OTTO, ROBERT A.
STREET ADDRESS 125 CASSIA WAY
CITY-ST-ZIP HENDERSON NV ☐ DELETE

TITLE V
NAME KASKLA, UNO
STREET ADDRESS 5401 ARGOSY DRIVE
CITY-ST-ZIP HUNTINGTON BCH CA ☐ DELETE

TITLE VAS
NAME FOX, GLEN A.
STREET ADDRESS 125 CASSIA WAY
CITY-ST-ZIP HENDERSON NV ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glen A Fox 3/25/97 702-566-8600

CR2E034 (9/96)