FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000001297 (9)**

1. Corporation Name
SERELAU CORP.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131-5307 US	200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131-5037 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 1001 S. Bayshore Drive
Suite, Apt. #, etc.
22 Suite 2702
City & State
23 Miami FL
Zip 24 33131-4900 Country 25 USA

2a. Mailing Address
26 1001 S. Bayshore Drive
Suite, Apt. #, etc.
27 Suite 2702
City & State
28 Miami FL
Zip 29 33131-4900 Country 30 USA

4. FEI Number: 65-0391301 ☐ 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

WAYNE, GEOFFREY M
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Geoffrey M. Wayne, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1001 S. Bayshore Drive, Suite 2702
83
84 City: Miami FL 85 Zip Code: 33131-4900

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	CESAN, PIER F	12 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4815	13 STREET ADDRESS	1001 S. Bayshore Drive, Suite 2702
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33131-4900
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	PULIGHEDDU, MARIA T	22 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4815	23 STREET ADDRESS	1001 S. Bayshore Drive, Suite 2702
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33131-4900
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date

0120443 CP