

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000018067 (7)

1. Corporation Name

SESIN INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

8928 SW 6 ST
MIAMI FL 33174
US

8928 SW 6 ST
MIAMI FL 33174
US

2. Principal Place of Business

2a. Mailing Address

21 7764 SW 57 TERR

26 7764 SW 57 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami FL

28 Miami FL

24 Zip 33143

25 Country USA

29 Zip 33143

30 Country USA

9. Name and Address of Current Registered Agent

SESIN, JOSE J
8928 S.W. 6TH ST.
MIAMI FL 33174

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

01/23/1995

4. FEI Number

65-0397752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

JOSE L. SESIN

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

83

7764 SW 57 TERR

84 City

Miami

FL

85

Zip Code 33143

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 fee (if applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOSE SESIN
STREET ADDRESS 8928 SW 6 ST
CITY-ST-ZIP MIAMI FL 33174

TITLE VP ☒ DELETE

NAME NIELS SESIN
STREET ADDRESS 8928 SW 6 ST
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

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)(k), 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

4/10/96 (305) 275-9903
Date Daytime Phone #

CR2E034 (12/95)