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

APPROVED AND FILED

95 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039528 (3)

1. Corporation Name
SEF, INC.

Principal Place of Business
4930 SANDPIPER LANE
ST. PETERSBURG FL 33711
US

Mailing Address
P. O. BOX 1886
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 1885 W. COMMERCIAL BLVD.
Suite, Apt. #, etc.
22 SUITE 140
City & State
23 FT. LAUDERDALE, FL ~~33309~~
Zip 24 33309
Country 25 BROWARD

2a. Mailing Address
26 1885 W. COMMERCIAL BLVD
Suite, Apt. #, etc.
27 SUITE 140
City & State
28 FT. LAUDERDALE, FL
Zip 29 33309
Country 30 BROWARD

4. FEI Number: 59-3185029 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $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
FRIEMAN, BRUCE W
4930 SANDPIPER LANE SOUTH
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent
81 Name: JOAQUIN N. FERNANDEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2601 SO. BAYSHORE DRIVE #1400
84 City: MIAMI FL 85 Zip Code: 33133

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: JOAQUIN N. FERNANDEZ — 3-1-95
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	D
NAME	FRIEMAN, BRUCE W
STREET ADDRESS	4930 SANDPIPER LANE S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[X] Change [ ] Addition
1.2 NAME	JOAQUIN N. FERNANDEZ	
1.3 STREET ADDRESS	209 OCEAN DR.	
1.4 CITY-ST-ZIP	TAVERNIER, FL 33070	
2.1 TITLE	D	[ ] Change [X] Addition
2.2 NAME	EDUARDO GUTIERREZ	
2.3 STREET ADDRESS	13500 S.W. 97 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
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 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: _____ 3-1-95 — 305-858-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460070 FP