FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059314 (3)

| SELLA, | INC. | | | |
|--------|------|--|--|--|
| | | | | |

Mailing Address

Principal Place of Business 1205 NORTH GREENWAY DRIVE **CORAL GABLES FL 33134**

1205 NORTH GREENWAY DRIVE CORAL GABLES FL 33134-4761

FILED Mar 14 1997 8:00am Secretary of State

3. Date Incorporated or Qualified

08/19/1993

3a. Date of Last Report 03/01/1996

| 2, Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | | | |
|---|--|--|-------------|---|--|----------------------------|--|--|--|--|--|
| 21 | | 26 | | | 65-0447127 | Not Applicable | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | | | | | |
| 22 | | [27] | | | | Fee Required | | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | | | | |
| Zip | Country | 28 | | | Trust Fund Contribution | Added to Fees | | | | | |
| 24 | 25 29 | | | B, This corporation that harving to the | | Die tax under s. 199.032, | | | | | |
| | 9. Name and Address of Current | | | · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New Registere | | | | | | |
| MON | IASTERIO, URBANO | | 81 | Name | | | | | | | |
| | NORTH GREENWAY DRIVE | | 02 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | AL GABLES FL 33134 | | 62 | 5treel Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | 83 | | | | | | | |
| | | | | City | | ■ 85 Zip Code | | | | | |
| | | | 84 | City . | F | L 85 Zip Code | | | | | |
| 11. Pursuant t | o the provisions of Sections 607 0502 | and 607.1508, Florida Statutes | , the abov | e-named corpo | oration submits this statement for the purpose | of changing its registered | | | | | |
| 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 ager | | T | ured Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND | | 13. | ····· | ADDITIONS/CHANGES TO OFFICERS A | | | | | | |
| TITLE | MONASTERIO, URBANO | L] OFFETE | 1.1 1111.0 | | | Change Addition | | | | | |
| NAME | 1205 N. GREENWAY DRIVE | | 1.2 NAME | 1 | | | | | | | |
| STREET ADDRESS | CORAL GABLES FL 33134 | | 1.3 STREE | | | | | | | | |
| CITY-ST-ZIP TITLE | D | DELFTE | 1.4 CHY- 5 | S1-2IP | | Change Addition | | | | | |
| NAME | MONASTERIO, FLORINDA G | () DECERT | 2.1 THLE | | | ☐ Pusuds ☐ Witainaii . | | | | | |
| STREET ADDRESS | 1205 N. GREENWAY DRIVE | | 2.2 NAME | | | | | | | | |
| | CORAL GABLES FL 33134 | | 2 3 S1RH1 | | | | | | | | |
| CITY-ST-ZIP TITLE | CONTR. CARDEO I E COICH | DELETE | 2 4 CHY-: | \$1-78" | | Change Addition | | | | | |
| NAME | | <u></u> | 3.2 NAML | } | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4 CITY - | | | | | | | | |
| TITLE | | DELETE | 4.1 TILLE | · · · · · · · · · · · · · · · · · · · | | Change Addition | | | | | |
| NAME | | | 4. 2 NAME | 1 | ÷ | | | | | | |
| STREET ADDRESS | | | 4.3 \$18EE1 | ADDRESS | | | | | | | |
| CITY - ST - ZIP | | | 4.4.0(1Y-5 | | | | | | | | |
| TITLE | | DETE | 51 HH | | | Change Addition | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREUT | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CHY+S | S1-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 6171111 | | | Change Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CHTY- 9 | | | | | | | | |
| 14. I do hereb | y certify that the information supplied in indicated on this argual report or si | with this filing does not qualify topological applies to the control of the contr | for the exc | emption stated i | in Section 119.07(3)(i), Florida Statutes. I furth | ner certify that the | | | | | |

tam an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Allementer