## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000060619 (2) DOCUMENT # 1. Corporation Name

05410	11/4 88-	IALIANIA	11.10
SEAIR	WAHE	Housing	. INC.

Principal Place of Business Mailing Address 9108 NW 105 WAY 9108 NW 105 WAY MEDLEY FL 33178 MEDLEY FL 33178 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 65-0536328 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  $Z_{10}$ Country Zφ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VELEZ, ERWIN A 82 Street Address (P.O. Box Number is Not Acceptable) 9108 NW 105 WAY 83 SUITE 206 MEDLEY FL 33178 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1506, 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 their applicable (NOTE Projectered Agent signature required which he ristate of 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1 · THILE NAME VELEZ, ERWIN A 1.2 NAME Nicolas FWatkins STREET ADDRESS 9108 NW 105 WAY 501 Brickell Key Orive, Suite 504 1.3 STHEET ADDRESS C-TY-ST-ZIP MEDLEY FL Miami , FL 33/31 1.4 City - St - Z/P TITLE Change DELFIE PD 2 1 TOTLE Addition PD MAME TAWIL, NICHOL 2.2 NAME TAWIL, NICHOLAS ( STREET ADDRESS 9108 NW 105 WAY 2.3 STREET ADDRESS 9108 NW 105 WAY CITY-ST-ZIP MEDLEY FL 2 4 CHTY - ST - ZIF Medley FL 33178 TITLE DELETE 3 1 TITLE Change Addition. NAME 3.2 NAM-STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST ZIP TITLE DELETE 4 1 TILLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY-SF ZIP DELETE THLE 5.1 TiD:€ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREE! AUDRESS CITY-ST-ZIP 5.4 CITY - \$1 ZIP TITLE DELETE ☐ Change 6.1 09 E ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP € 4 C(TY - \$T - Z)P

SIGNATURE:

14. I do hereby certify that the information

appears in Block 12 or Block 13.

certify that the information indicated on oath, that I am an officer or directors:

SIGNATURE AND FICER OR DRECTOR

d with this filing is voluntar

furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further annual report is true and accurate and that my signature shall have the same legal effect as it made under

rustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

(12/95)CR2E034