

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000064043 (1)

1. Corporation Name

SEVEN SEAS MANAGEMENT, INC.

Principal Place of Business

**2000 S. OCEAN DR
BOCA RATON FL 33432
US**

Mailing Address

**2000 S. OCEAN DR
BOCA RATON FL 33432
US**

**APPROVED
AND
FILED**

95 MAY 12 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0435686

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENZAKEN, DAVID
2000 S. OCEAN DR
SUITE 1K
BOCA RATON FL 33432**

81 Name

BRUCE SMOLLER

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

100 SE 2nd St Ste 3940

83

84 City

MIAMI

FL

33131

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 obligation of, Section 607.0504, Florida Statutes.

SIGNATURE

Bruce Smoller

(NOTE: Registered Agent signature required when registering)

1/27/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS

NAME

BENZAKEN, DAVID

STREET ADDRESS

2000 S. OCEAN DR SUITE 1K

CITY - ST - ZIP

BOCA RATON FL

TITLE

DVT

NAME

BENZAKEN, JOYCE

STREET ADDRESS

2000 S. OCEAN DR

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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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

DPS

☒ Change

☐ Addition

1.2 NAME

Assi Benzaken

1.3 STREET ADDRESS

2075-C N. Powerline Road

1.4 CITY - ST - ZIP

Pompano Beach, Florida 33069

2.1 TITLE

DVT

☒ Change

☐ Addition

2.2 NAME

Meir Benzaken

2.3 STREET ADDRESS

2075C N. Powerline Road

2.4 CITY - ST - ZIP

Pompano Beach, Florida 33069

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

300001489673

-05/17/95--01009--001

*****225.00 ***225.00**

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, as required, or on an attachment with an address.

SIGNATURE

Assi Benzaken

Assi Benzaken

5/5/95 305-969-7900

DATE

TELEPHONE