

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000078172 (2)**

1. Corporation Name

SEVENRAYS CO., INC.



Principal Place of Business

**7545 E TREASURE DR
APT 7H
NORTH BAY VILLAGE FL 33141**

Mailing Address

**7545 E TREASURE DR
APT 7H
NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt., #, etc.		26	State, Apt., #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

**DE FARIA, JOSE
7545 E TREASURE DR
APT 7H
NORTH BAY VILLAGE FL 33141**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of Agent for Change of Registered Office or Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DE FARIA, JOSE	
STREET ADDRESS	7545 E TREASURE DR APT 7H	
CITY-STATE-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	D	☐ DELETE
NAME	DE FARIA, SANDRA	
STREET ADDRESS	7545 E TREASURE DR APT 7H	
CITY-STATE-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that the information 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 registered or business empoyee 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 correctly printed in an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent

CR2E034 (12/95)