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 APR 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005812 (0)

1. Corporation Name
SEPA TENNIS COMPANY

Principal Place of Business	Mailing Address
~~1765 CALAIS DRIVE #4~~ ~~MIAMI BEACH FL 33141~~	~~1765 CALAIS DRIVE #4~~ ~~MIAMI BEACH FL 33141~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8215 N.W. 64th St
22 Suite, Apt. #, etc.: # 04
23 City & State: Miami, Fl
24 Zip: 33166
25 Country:

2a. Mailing Address
26: 8215 N.W. 64th St
27 Suite, Apt. #, etc.: # 04
28 City & State: Miami, Fl
29 Zip: 33166
30 Country:

4. FEI Number: 65-0416573 ☐ 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

9. Name and Address of Current Registered Agent

VON SPERLING, VALERIA
9030 SW 125TH AVENUE
E106
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Paulo H. Machado
82 Street Address (P.O. Box Number is Not Acceptable): 401 69th St. Apt. 2-P
83
84 City: Miami Beach FL 85 Zip Code: 33141

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] DATE: 4/17/95
(Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P ☒ Change ☐ Addition
NAME	MACHADO, PAULO H	12 NAME	Machado, Paulo H.
STREET ADDRESS	1765 CALAIS DRIVE #4	13 STREET ADDRESS	401 69th St. # 2-P
CITY-ST-ZIP	MIAMI BEACH FL 33141	14 CITY-ST-ZIP	Miami Beach, Fl 33141
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: [signature] 4/17/95 (305)868-5365
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150615 CP