

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000005812 (0)

1. Corporation Name

SEPA TENNIS COMPANY



Principal Place of Business

Mailing Address

8215 NW 64TH ST  
04  
MIAMI FL 33166  
US

8215 NW 64TH ST  
04  
MIAMI FL 33166  
US

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

10. Name and Address of New Registered Agent

PAULO H MACHADO  
401 69TH ST APT 2-P  
E108  
MIAMI BEACH FL 33141

81 Name

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

83

84 City

FL

85 Zip Code

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 agent, if not applicable

(If the Registered Agent's signature is required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | DP              | <input type="checkbox"/> DELETE |
| NAME           | MACHADO, PAULO  |                                 |
| STREET ADDRESS | 401 69TH ST 2-P |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL  |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

(305) 868-5365

CR2E034 (12/95)