## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT**  CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009794 (6)

SE-ACE INNOVATIONS, INC.

Principal Plac	e of Business	Mailing Address	Maung Address			
1304 SW 160TH AVENUE SUITE 443 SUNRISE FL 33326		1304 SW 160TH AVENUE SUITE 443	SUITE 443			
		SUNRISE FL 33326				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
						02/07/1994
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0469445 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zıpı	Coun	try		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No
	<ol><li>Name and Address of Current</li></ol>	t Registered Agent				10. Name and Address of New Registered Agent
CO	RPORATION SERVICE COMPANY	1	[€	31	Name	
1201 HAYS ST.				32	Street Addres	ss (P.O. Box Number is Not Acceptable)
TAL	LAHASSEE FL 32301			Oliver, Mas		to (i.e. box rambo to ret receptable)
			E	33		
			L	34	01.	In I was a second
1			•	74	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 typid or printed name of registered agent and titled application. (NOTE Registered Agent signature required when reinstating).  DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	E		Change Addition
NAME	<b>E</b> KANAYAKE, SANJAYA		1.2 NAME			
STREET ADDRESS	STREET ADDRESS 6230 N.W. 10 ST.		1.3 STREET ADDRESS		.DDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 141		1.4 City	- ST-	- ZIP	
TITLE	S	DELETE	_	21 THLE		☐ Change ☐ Addition
NAME	EKANAYAKE, ALINA C.		2.2 NAM	1E		
STREET ADDRESS	0000 HIN 40 OF		2.3 STRE	FET A	ODRESS	
CITY-\$T-ZIP	BEMBBOVE BINES CI		2. 4 CITY			
TITLE		DELETE	3.1 TITU		177	CE-PRESIDENT Change Addition
NAME		-	3.2 NAME		1	MOTHY NESS 7 COURT 7 COURT 32077
STREET ADDRESS			3.3 STREE		DDRESS 13	7 CONTENNIAL COCKET
CITY-ST-ZIP				A CITY ST-ZIP		enfiero notor, pe 33013
TITLE	<del></del>	DELETE	4.1 TITLE		1/1	Change X Addition
NAME			4 2 NAN		BA	ZYAN WILLIAMS
STREET ADDRESS					DDRESS 1	S NE 130 STREET
CITY-ST-ZIP			4.3 3 Inc		710 41/	ALTH MIAMI, FL 33161
TITLE					117 100	Change Addition
NAME		First Decore	5 1 TITU 52 NAM		1	La strange La Muniton
' '''					DDDEE	
STREET ADORESS			5.3 STRE			
CITY-ST-ZIP		DELETE	5.4 CITY		ZIP	Change Addition
TITLE		L Utteit	6.1 TITU	t	ì	L.; Change L. Aboltion

14. I hereby cortify that the information supplied with this filing 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 supplimental 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 trusted 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 attaching with an address.

EXAMAGANE 5/11/98 (954)584-9525

**FILED** 

May 21 1998 8:00am

Secretary of State