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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P94000012754 (5)

S.E. & P. INTERNATIONAL, INC.

FILED Feb 11 1998 8:00am Secretary of State

Principal Place of Business	Mailing Addros	5					
999 PONCE DE LEON BLVD. # 715 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. # 715 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1004			
2. Principal Place of Business 21 Suite, Apt. #, etc	2e, Mailing Add 26 Suite, Apt #			4. FEI Number Ap 65-0677796 No	plied For t Applicable		
City & State	27] City & State			5. Certificate of Status Desired	quired May Be		
Zip Country 24 25	Z(p 29	7(p Country 30		8. This corporation owes or has paid the current year Inter-			
9. Name and Address of Current Registered Agent PADIAL, JOSE I 999 PONCE DE LEON BLVD. # 715 CORAL GABLES FL 33134		81 82 83 84	1 Name 2 Street Address (P.O. Box Number is Not Acceptable) 3 4 City 85 7in C	Code			
Pursuant to the provisions of Sections 607.0 office or registered agent, or both in the Stagent Lam familiar with, and accept the office of the office	ate of Florida. Such char	nge was authorize	ed by	ove-named corporation submits this statement for the purpose of changing its by the corporation's board of directors. I hereby accept the appointment as it is.	s registered registered		

(NOTE Registered Agent signature required when reinstating) Signature: typind or printed name of registered a jest and title if apply about 12. OFFICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition PADIAL, JOSE I NAME 1.2 NAME 999 PONCE DE LEON BLVD., # 715 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY ST ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 2.2 NAME ETREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Change TITLE Addition 3.1 TITLE **SAME** 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6 1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADORESS

14. Thereby certify 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 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 of the receiver or trustee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or oil an arity threat with an pridiess.

SIGNATURE:

CITY-ST-ZIP

Jose I. Propl

2/4/98 305-44380M

CR2E034 (10/97)