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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000012754

S.E. & P. INTERNATIONAL, INC.

FILED
Jan 22, 1999 8:00am
Secretary of State 01-22-1999 90063 040 ***150.00

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Principal Place of Business Mailing Address		r samisat tin latt) etdit datit datit datit datit datit ting 1984 1984 1984					
999 PONCE DI	E LEON BLVD.	999 PONCE DE LEON BLY	VD.				
# 715 # 715 :			DO NOT WRITE IN THIS SPACE				
CORAL GABLE	CORAL GABLES FL 33134 CORAL GABLES FL 33134			3. Date Incorporated or Qualified	IN THIS SPACE		
					02/16/1994		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0677796		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional
22		27					Required
City & Star	te	City & State			6. Election Campaign Financing		00 May Be
Zip	Country	Zip	Co	ıntry	Trust Fund Contribution		ed to Fees
	· 25	29	30	mu y	This corporation owes the current Personal Property Tax.	year Intangible Yes	□No
24	9. Name and Address of Current		[30]		10. Name and Address of New Reg		
		Take (81 Name			
	NAL, JOSE I			000	7000		
1	PONCE DE LEON BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	15			83			5 1. St. 14
COF	RAL GABLES FL 33134			041 015	Taking Stranger Control	1-1-	
19 (* 3° 4)				84 City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-named corp	poration submits this statement for the pur	pose of changing	its registered
i oπice or i ்∩ agent l'a	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida. Such change was a ons of, Section 607.0505, Flo	autnorizeo orida Stat	s by the corporation	on's board of directors. I hereby accept the	e appointment as	registerea
SIGNATURE		•		•			
	Signature, typed or printed name of registered agent			Agent signature require		DATE	
12.	OFFICERS AND	DELETE	13,	ne T	ADDITIONS/CHANGES TO OFFIC		
TITLE	D DADIAL IOSE I	□ DELETE	1.1 11			Chan	ge
NAME	PADIAL, JOSE I	746	1.2 N/				
STREET ADDRESS	999 PONCE DE LEON BLVD., # CORAL GABLES FL 33134	7 10		REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	2.1 TI	TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Chang	ge Addition
NAME			2.2 N				,
STREET ADDRESS		•		REET ADDRESS		• .	
J		· Jan -		ITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 TI			☐ Chan	e Addition
NAME			3.2 NA	1			
STREET ADDRESS	PROPERTY OF THE PROPERTY OF TH		1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		[] DELETE	4.1 TI			☐ Chan	e
NAME _	}		4. 2 N	AME			
STREET ADDRESS		,	4.3 ST	REET ADDRESS			
CITY-ST-ZIP	<u> </u>	90 2 <u>1</u> 2 2 2	4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TT			Chan	ge Addition
NAME			5.2 NA	ME			•
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP	€.		_	TY-ST-ZIP			
TITLE	to take a book at	DELETE	6.1 111	i		Chang	e Addition
NAME	1	70	6.2 NA	ME			
				I			
STREET ADDRESS				REET ADDRESS		u,	

I hereby 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 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 attackment with an address, with all other like empowered.

SIGNATURE: