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**Secretary of State**

03-01-1999 90214 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000024572**

1. Corporation Name  
**SEASONAL RENTALS & SALES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 3505 S OCEAN DR  
 RENTAL OFFICE  
 HOLLYWOOD FL 33019  
 US

Mailing Address  
 3505 S OCEAN DR  
 RENTAL OFFICE  
 HOLLYWOOD FL 33019  
 US

3. Date Incorporated or Qualified  
**03/30/1994**

4. FEI Number  
**65-0483813**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTEVEZ, AIDA  
 4686 N.W. 69TH AVE. 10625 S.W. 130th  
 MIAMI FL 33166  
 Miami, Fla. 33176  
 New address

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	4686 N.W. 69TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	5720 SW 128 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	5720 SW 128ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ESTEVEZ, ULISES	
STREET ADDRESS	5720 SW 128ST } new address	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESTEVEZ, AIDA
2.3 STREET ADDRESS	10625 S.W. 130th
2.4 CITY-ST-ZIP	Miami, Fla. 33176
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AIDA ESTEVEZ
3.3 STREET ADDRESS	10625 S.W. 130th
3.4 CITY-ST-ZIP	Miami, Fla. 33176
4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ULISES ESTEVEZ
4.3 STREET ADDRESS	10625 S.W. 130th
4.4 CITY-ST-ZIP	Miami, Fla. 33176
5.1 TITLE	
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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Aida Estevez* **AI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2E034 (11/98)