

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000029501 (1)**

1. Corporation Name
SEA QUALITY CORP.



Principal Place of Business: **5209 NW 74TH AVE STE 226 MIAMI FL 33166 US**
Mailing Address: **8540 NW 6TH LANE L7 #210 MIAMI FL 33126 US**

2. Principal Place of Business: **21**
22. City & State: **27**
23. City & State: **28**
24. Zip: **25**
26. Mailing Address: **26**
27. City & State: **27**
28. City & State: **28**
29. Zip: **29**
30. County: **30**

3. Date Incorporated or Qualified: **04/19/1994**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **65-0503988**
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

**SERRA, SUSANA
8540 NW 6TH LANE L7 #210
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name: **Susana Serra**
82. Street Address (P.O. Box Numbers Not Acceptable): **12871 SW 74 ST**
83. City: **Miami**
84. State: **FL**
85. Zip Code: **33183**

11. Pursuant to the provisions of Sections 607.02(2) and 607.1504, 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 607.09(6), Florida Statutes.

SIGNATURE

Signature of the person filing this report (if not the agent)

Signature of the agent (if not the person filing this report)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SERRA, JAVIER	
STREET ADDRESS	8540 NORTHWEST 6 LANE, BLDG. 27, UNIT 210	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Serra, Javier	
3. STREET ADDRESS	12871 SW 74 Street	
4. CITY-STATE-ZIP	Miami, FL 33183	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing was 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 applicable, or on an attachment with an address.

SIGNATURE:

JAVIER SERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/94

(305) 592-9965

Date

Date of Printing

CR2E034 (12/95)