

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # **P94000039301 (4)**

1. Corporation Name

SECURE SEAL OF FLORIDA, INC.



Principal Place of Business

**4030(B) N.W. 26TH STREET
MIAMI FL 33142**

Mailing Address

**4030(B) N.W. 26TH STREET
MIAMI FL 33142**

2. Principal Place of Business

21 **Same**

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **Same**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
05/25/1994

3a. Date of Last Report
04/17/1995

4. FEI Number
65-0503112

Applied For
Not Applicable

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

**RAMOS, JORGE H
2250 S.W. THIRD AVE.
FIFTH FLOOR
MIAMI FL 33129**

10. Name and Address of New Registered Agent

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 607.0202 and 607.1508, Florida Statutes, the authorized 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 of person filing this report and the corporation

Signature of person filing this report

Signature of person filing this report

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD VILLALON, RADAMES**
STREET ADDRESS **6701 S.W. 55TH ST.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME **SVD RAMOS, ENRIQUE A**
STREET ADDRESS **4040 SOUTH 80TH ST.**
CITY-ST-ZIP **OHAMA NE 68127**

TITLE ☐ DELETE
NAME **TD MULLER, RICHARD L**
STREET ADDRESS **4040 SOUTH 80TH ST.**
CITY-ST-ZIP **OHAMA NE 68127**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

200001822862

-05/15/96--01082--000

*****225.00**

5-14-96 OR

14. I do hereby certify that the information supplied with this filing is 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 changed, or only in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96 (20870.9720)

Date

Deputy Phone #

CR2E034 (12/95)