

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000090756 (5)**

1. Corporation Name

SEMCO HOLDINGS, INC.



Principal Place of Business

Mailing Address

1553 SAN IGNACIO
CORAL GABLES FL 33143

1553 SAN IGNACIO
CORAL GABLES FL 33143

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

65-0560454

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

10. Name and Address of New Registered Agent

KAYAL, RAYMOND J JR
C/O WHITE & CASE
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

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 607.002 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

(N/A)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

BOYETT, JAMES L

STREET ADDRESS

1553 SAN IGNACIO

CITY- ST- ZIP

CORAL GABLES FL 33143

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

Change Addition

2. NAME

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

Change Addition

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

Change Addition

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

Change Addition

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

Change Addition

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

Change Addition

2. NAME

2A. STREET ADDRESS

2B. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 holder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Boyett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)