FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022897 (9)

SEVILLE TRADING AND INVESTMENT COMPANY

Principal Place of Business Mailing Address				1 188/4881 118 10101 STAIF BOWN BRAIN BOWN BOTHE NOON HON'S 40115 YOUR 1004	
5018 PALOMA DRIVE TAMPA FL 33624 US		5018 PALOMA DRIVE TAMPA FL 33624-4344 US			
				3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 06/11/1996
2. Principal Pi	Place of Business	26. Mailing Address		4. FEI Number 59-3308802	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes] Yes □ No
	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	jistered Agent
WYRICK, ROBERT			81 Name		
5018	B PALOMA DRIVE		82 Street Add	fress (P.O. Box Number is Not Acceptab	le)
TAMPA FL 33624					
(Am	PA FL 33024				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	ies, the above-named corp	poration submits this statement for the p	urpose of changing its registered
agent. I a	registered agent, or both, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept	the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of repediced agr	ent and title if applicable (NOT VD_DIRECTORS	E Brgistered Agent signature requi	red when revistating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 49
TITLE	DPTS	DELETE	1.I. TULE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WYRICK, ROBERT		1.2 NAME		El Ondingo El Chambri
STREET ADDRESS	5018 PALOMA DRIVE		1.8 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHY-\$1-7IP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.8 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELF1E	2.4 CITY - ST - ZIP		Change Addition
NAME		יין הנתונ	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.8 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP		Doruge	4.4 CITY-S1-ZIP		
TITLE		DELETE	5.# TITLE		Change Addition
NAME CTOTET ADDOCCC		\	5.2 NAME		
STREET ADDRESS		•	5.8 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.P NAME		<u> </u>
STREET ADDRESS			6.8 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplie	ed with this filing does not quali	ify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
l am an ol appears i	on Indicated on this arrifual report of a officer or director of the corporation of in Block 12 or Block 13 ochanged, c	Supplemental animal report is to the receiver or trustee empower or on an altachment with an ad-	true and accurate and that vered to execute this reporters.	at my signature shall have the same legal ort as required by Chapter 607, Florida S	Teffect as it made under oath; trial tatutes; and that my name