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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000048588

1. Corporation Name

SETH INTERNATIONAL, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90184 036 ***150.00



Principal Place	of Business	Mailing Address								
1337 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162		1 937 N.E. 163RD STREET N ORTH-MIAMI BEACH FL 99182								•
					i	DO NOT WRITE IN THIS SPACE				
					3	B. Date Inc	corporated or Qualife			
					1	06/21/	*			
2 Principal Pl	ace of Business	2a. Mailing Address			4	. FEI Nun			Api	plied For
— '	dec of Eddinose	26 12717 W. SUNRISE				65-059	93096			t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.							\$8.75 A	dditional
22	.,	27 # 176			5	5. Certifcat	te of Status Desired		Fee Re	quired
City & State		City & State			- 6	S. Election	Campaign Financing	1 –	\$5.00	May Be
23		28 SUNRISE, FL					and Contribution	' □	Added to	
Zip	Country		Country			3. This cor	poration owes the cu	rrent year Int	angible	,
24	25	29 33333 30	U	SA			al Property Tax.	-		V ZNo
	9. Name and Address of Current	Registered Agent			10). Name a	ınd Address of New	Registered	Agent /	
-			81	Name	•					
	n, alexander		82 Street Addre			dress (P.O. Box Number is Not Acceptable)				
' 1337	N.E. 163RD STREET		02	30000	Addiesa	(1 .0. 00x	Trainiper is True Accep	J. (100.0)		
NOR	TH MIAMI BEACH FL 33162		83							
			-			•	···		85 Zip (
			84	City				FL	85 Zip C	2008
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, ti	he abov	e-named	corporati	on submits	this statement for th	ne purpose of	changing its	registered
office or re	egistered agent, or beth, in the State of familiar with, and accept the policyt	of Florida, Such change was author	nzed bv	the corpo	ooration's	board of di	rectors. I hereby acc	ept the appo	intment as re	gistered
	in familiar with, and accept the abligat	ions of, apelion 607.4303, Florida						ilac	laa)
SIGNATURE	Signature Ayped or printed name of registered agent	and title if applicable (NOTE: Regis	AGE stered Ager	nt signature r	required when	n reinstating)		DATE	1.1.	
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO C	FFICERS AT		RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		PD.				Change	Addition
NAME	GORN, ALEXANDER	1	1.2 NAME		COR	Ν̈, Al	EXANCER_		+ 10/	
STREET ADDRESS	1337 N.E. 163RD STREET		1.3 STREE	TADDRESS	โลก	J W	EXANDER SUNRISE FL	BUL	У <u>:H-</u> 1116	0
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	2	1.4 CITY-S	T-ZIP	SUN	RISE	_ FL	<u> </u>	3	
TITLE			2.1 TITLE		T		•		☐ Change	☐ Addition
NAME			22 NAME							ĺ
STREET ADDRESS			2.3 STREE	T ADDRESS	3					
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			-	•		į
TITLE			3.1 TITLE		†				☐ Change	Addition
NAME			3.2 NAME							
STREET ADDRESS		ļ	3.3 STREE	T ADDRESS	3					
CITY-ST-ZIP	•		3 4, CITY-5							
TITLE			4.1 TITLE	<u>4-11</u>					☐ Change	☐ Addition
NAME 4			4 2 NAME							
STREET ADDRESS				TADORESS	3					
			4.4 CITY-S							
CITY-S ZIP		☐ DELETE	5.1 TITLE		 				☐ Change	Addition
			5.2 NAME							
NAME				TADDRESS	<u>,</u>					
STREET ADDRESS		l l	5.4 CITY-S							
CITY-ST-ZIP			6.1 TITLE		 	<u> </u>			Change	☐ Addition
TITLE		E3 0200.2	6.2 NAME						+gu	
NAME				T ADDRESS						
STREET ADDRESS			6.4 CITY-S		1 .					
CITY-ST-ZIP			0.4 CH T-S	1-21	1	-	•			

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: