

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000063930 (8)**

1. Corporation Name

SOUTHEAST FOAM CORPORATION

Principal Place of Business

**CITICENTER 280 NW 165 ST
STE 750
MIAMI FL 33169
US**

Mailing Address

**CITICENTER 250 NW 165 ST
STE 750
MIAMI FL 33169
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

65-0620087

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **CK**

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 11000 N.W. 32 AVENUE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

24 Zip

33167

25 Country

U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**~~ALBERTO M. S.~~
~~3200 N.W. 32ND STREET~~
~~MIAMI FL 33167~~**

10. Name and Address of New Registered Agent

81 Name

ALBERTO M. SALAMA T.

82 Street Address (P.O. Box Number is Not Acceptable)

11000 N.W. 32 AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33167

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ALBERTO M. SALAMA T. PRESIDENT 04/06/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME SALAMA, ALBERTO T.M.
STREET ADDRESS 401 HOLIDAY DR.
CITY-ST-ZIP HALLANDALE FL**

TITLE ☐ DELETE

**S
NAME SALAMA, ELIAS T.M.
STREET ADDRESS 3802 NE 207 ST., TH#7
CITY-ST-ZIP AVENTURA FL 33180**

TITLE ☐ DELETE

**T
NAME SALAMA, SAMUEL T.M.
STREET ADDRESS 3802 NE 207 ST., #1702
CITY-ST-ZIP AVENTURA FL 33180**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

ALBERTO M. SALAMA T. PRESIDENT- 04/06/98 (305)957-0060

CR2E034 (10/97)