

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068950 (1)

1. Corporation Name

SEVILLA VENTURES, INC.



Principal Place of Business

420 LINCOLN RD., STE. 201
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN RD., STE. 201
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
08/29/1995

3a. Date of Last Report
8-29-95

2. Principal Place of Business

21 1455 Michigan Ave

Suite, Apt. #, etc.

13

22 City & State

Miami Beach FL

23 Zip

33139

24 County

Dade

2a. Mailing Address

26 1455 Michigan Ave

Suite, Apt. #, etc.

13

27 City & State

Miami Beach FL

28 Zip

33139

29 County

Dade

4. FFI Number

65-0622683

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

9. Name and Address of Current Registered Agent

NHUYRN, NGOC-TRINH
420 LINCOLN RD., STE. 201
MIAMI BEACH FL 33139

81 Name

Anton Philipp

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

1455 Michigan Ave

83

84 City

Miami Beach

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Person in Charge of Change of Registered Office or Registered Agent

Anton Philipp - President - 6-18-96

Signature of Registered Agent (if different from the person in charge of change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NGUYEN, NGOC-TRINH
STREET ADDRESS 420 LINCOLN RD., STE. 201
CITY-STATE-ZIP MIAMI BEACH FL 33139

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

President
Anton Philipp
1455 Michigan Ave
Miami Beach, FL 33139

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anton Philipp

6-18-96

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5310390

CR2E034 (12/95)