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PROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # P95000095313 (9)

SEIMAX CORPORATION

	CORPORATION				
rincipa! Place o	of Business	Mailing Address			IE OOID) OOD OOD ONG SIIGT HOOD IIII 1967
169 EAST FLAGLER ST STE 1527 169 EAST FLAGLER MIAMI FL 33131 MIAMI FL 33131		R ST STE 1527			
MINMI FL 3314	vi	miran (2 sole)		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/15/1995 4. FEI Number	Applied For
2. Principal Plad T	ce of Business	2a. Mailing Address		65-0635421	Not Applicable
Suite, Apt. #	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation has liability fo	
i]	25	29	30	Florida Statutes	es 🔀 No
	9. Name and Address of Cu	urrent Registered Agent	B1 Name	10. Name and Address of New	Registered Agent
SANDO, 160 EAS MIAMI FL	tt 8 - T-FLAGLER ST-STE-1527 L- 83131		82 Street Ac 169	ISNEY D. THOMPSON doress (P.O. Box Number is Not Accept EAST FLAGLER STR TE 1527	BS Zin Code
			MT	AMI,	FL 33131
11. Pursuant to	o the provisions of Sections 607.	.0502 and 607 1508 Florida St	tatutes, the above-named corp	poration submits this statement for the poard of directors. I hereby accept the ap	ourpose of changing its registered of opointment as registered agent. I am
or registen familiar with	n, and accept the obligations of,	-Section by 1.0000, Florida Stat	lutes.		
MGNATURE .	Signature typed or printed name of gistered	d agent and little if applicable	DISNEY D.	THOMPSON (305)381	-9188 4/26/96
			INOTE: Punistered Anorth signature regu	uired when reinstating)	DATE
		S AND DIRECTORS	(NOTE: Registered Agent signature requality) 13.	uirad when reinstating: ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
12.				uired when reinstating: ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
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SIGNATURE: CARLOS

SIGNATURE AND TYPED OD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS CASADEVALL 4/26/96 (954)724-8017