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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095313 (9)

1. Corporation Name

SEIMAX CORPORATION



Principal Place of Business

Mailing Address

169 EAST FLAGLER ST STE 1527
MIAMI FL 33131

169 EAST FLAGLER ST STE 1527
MIAMI FL 33131

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SANDRA B. MORTHAM~~
~~169 EAST FLAGLER ST STE 1527~~
~~MIAMI FL 33131~~

81 Name

DISNEY D. THOMPSON

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

169 EAST FLAGLER STREET

83

SUITE 1527

84

City MIAMI,

FL

85

Zip Code

33131

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

DISNEY D. THOMPSON (305) 381-9188 4/26/96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MOTA, FRANCISCO

STREET ADDRESS

169 EAST FLAGLER ST STE 1527

CITY - ST - ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

CASADEVALL, CARLOS

STREET ADDRESS

169 EAST FLAGLER ST STE 1527

CITY - ST - ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

GARCIA, JOSE A

STREET ADDRESS

169 EAST FLAGLER ST STE 1527

CITY - ST - ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)