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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

~~100 EAST FLAGLER ST STE 1527~~  
~~MIAMI FL 33131~~

~~100 EAST FLAGLER ST STE 1527~~  
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 10211 WEST SAMPLE ROAD  
Suite, Apt. #, etc.

26 10211 WEST SAMPLE ROAD  
Suite, Apt. #, etc.

22 SUITE # 102  
City & State

27 SUITE # 102  
City & State

23 CORAL SPRINGS, FL.  
Zip

28 CORAL SPRINGS, FL.  
Zip

24 33065

Country

29 33065

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THOMPSON, DISNEY D.~~  
~~100 EAST FLAGLER ST~~  
~~STE 1527~~  
~~MIAMI FL 33131~~

81 Name

CARLOS CASADEVALL

82 Street Address (P.O. Box Number is Not Acceptable)  
10211 WEST SAMPLE ROAD

83 SUITE # 102

84 City

CORAL SPRINGS

FL

85 Zip Code  
33065

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

*Carlos Casadevall*

CARLOS CASADEVALL

04/23/97

(If change, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME D  
MOTA, FRANCISCO  
STREET ADDRESS ~~100 EAST FLAGLER ST STE 1527~~  
CITY- ST- ZIP ~~MIAMI FL 33131~~

1.2 NAME D  
MOTA, FRANCISCO  
1.3 STREET ADDRESS 10211 WEST SAMPLE ROAD, SUITE #102  
1.4 CITY- ST- ZIP CORAL SPRINGS, FL. 33065

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME D  
CASADEVALL, CARLOS  
STREET ADDRESS ~~100 EAST FLAGLER ST STE 1527~~  
CITY- ST- ZIP ~~MIAMI FL 33131~~

2.2 NAME D  
CASADEVALL, CARLOS  
2.3 STREET ADDRESS 10211 WEST SAMPLE ROAD, SUITE #102  
2.4 CITY- ST- ZIP CORAL SPRINGS, FL. 33065

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME D  
GARCIA, JOSE A  
STREET ADDRESS ~~100 EAST FLAGLER ST STE 1527~~  
CITY- ST- ZIP ~~MIAMI FL 33131~~

3.2 NAME D  
GARCIA, JOSE A  
3.3 STREET ADDRESS 10211 WEST SAMPLE ROAD, SUITE #102  
3.4 CITY- ST- ZIP CORAL SPRINGS, FL. 33065

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

*Carlos Casadevall*

CARLOS CASADEVALL

04/23/97

(954) 7964349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)