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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90225 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000095313

1. Corporation Name
SEIMAX CORPORATION



Principal Place of Business
 10211 W SAMPLE RD
 STE 102
 CORAL SPRINGS FL 33065
 US

Mailing Address
 10211 W SAMPLE RD
 STE 102
 CORAL SPRINGS FL 33065
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1995

2. Principal Place of Business
 21 **10815 NW 29TH STREET**

2a. Mailing Address
 26 **10815 NW 29TH STREET**

4. FEI Number
65-0635421

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 _____

Suite, Apt. #, etc.
 27 _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **MIAMI, FL.**

City & State
 28 **MIAMI, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33172 USA**

Zip Country
 29 **33172 USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASADEVALL, CARLOS
 10211 W SAMPLE RD
 STE 102
 CORAL SPRINGS FL 33065

81 Name
CASADEVALL, CARLOS

82 Street Address (P.O. Box Number is Not Acceptable)
10815 NW 29TH STREET

83 _____

84 City
MIAMI

85 Zip Code
FL 33172

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]

DATE
04/12/99

Signature, 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	D <input type="checkbox"/> DELETE
NAME	MOTA, FRANCISCO
STREET ADDRESS	10211 W SAMPLE RD STE 102
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASADEVALL, CARLOS
STREET ADDRESS	10211 W SAMPLE RD STE 102
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARCIA, JOSE A
STREET ADDRESS	10211 W SAMPLE RD STE 102
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOTA, FRANCISCO
1.3 STREET ADDRESS	10815 NW 29TH STREET
1.4 CITY-ST-ZIP	MIAMI, FL. 33172
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASADEVALL, CARLOS
2.3 STREET ADDRESS	10815 NW 29TH STREET
2.4 CITY-ST-ZIP	MIAMI, FL. 33172
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARCIA, JOSE A
3.3 STREET ADDRESS	10815 NW 29TH STREET
3.4 CITY-ST-ZIP	MIAMI, FL. 33172
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

DATE
04/12/99

DAYTIME PHONE #
(305) 5133690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)