

3/13/97 B-3030 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 13 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 # P96000003033 (3)

1. Corporation Name
SELENE U.S.A., CORP.

Principal Place of Business

4174 NW 132 STREET
MIAMI FL 33154

Mailing Address

4174 NW 132 STREET
MIAMI FL 33054-4511



2. Principal Place of Business

21 1064 N.E. 163rd St
Suite Apt. #, etc.

22 City & State
N Miami, FL

23 Zip Country
33162

24 33162 25

2a. Mailing Address

26 Same
Suite Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/10/1996

3a. Date of Last Report

4. FEI Number

65-06318844

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

9. Name and Address of Current Registered Agent

SCHIUMERINI, JUAN C
4174 NW 132 STREET
MIAMI FL 33154

10. Name and Address of New Registered Agent

81 Name SCHIUMERINI, Juan C.

82 Street Address (P.O. Box Number is Not Acceptable)
1064 NE 163rd St

83

84 City Miami

FL

85

Zip Code 33162

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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer and Director)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PTD
1.2 NAME FUNES, EDUARDO R
1.3 STREET ADDRESS 4174 NW 132 STREET
1.4 CITY-STATE-ZIP MIAMI FL 33154

2.1 TITLE VSD
2.2 NAME SCHIUMERINI, JUAN C
2.3 STREET ADDRESS 200 LESLIE DRIVE #814
2.4 CITY-STATE-ZIP HALLANDALE FL 33009

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Funes, Eduardo R.
1.3 STREET ADDRESS 1064 NE 163rd Street
1.4 CITY-STATE-ZIP Miami, FL 33162

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 the 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 registered agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (9/96)