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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600032061

1. Corporation Name

SENAO INTERNATIONAL (MIAMI), INC.

							. . -							
Principal Place of Business Mailing Address							111	tälthur sin inita	#1111 W#111 B	åiti Besst dese	e enten inn	.16 90148 6	91161 ITB1 IBE1	
2904 NW 72 AVE 200 SO BISCAYNE BLVD. ST														
MIAMI FL 33122 MIAMI FL 33131								DO	NOT WR	ITE IN THIS	S SPAC	Έ		
US					3. Date Incorporated or Qualifed									
						**	04/12	•						
2. Principal Place of Business 2a. Mailing Address								4. FEI Number				Applied For		
21 26							65-0673438				Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.									Danisad		\$8	.75 A	dditional	
27							Сеппса	ite of Status	Desired	نا	F	ee Red	quired	
City & State City & State							6, Election Campaign Financing					\$5.00 May Be		
23		28			•		Trust F	und Contribu	ition	<u> </u>	A	dded to	Fees	
Zip	Country	Zip	Count	try		8.	This co	rporation ow	es the cur	rent year la			_	
24	25	29	30					al Property T			□Y€		□No	
	9. Name and Address of Curre	nt Registered Agent				10.	Name :	and Address	s of New	Registered	Agent			
	OTA IS METERS A			B1	Name	Jessi	ca	Pan						
	, JENNIFER Y		8	82				Number is N	lot Accept	lable)			_	
	SO BISCAYNE BLVD. STE 4100	f	L		290		<u>v.w</u>	72nd	Aus				_	
MIAN	AI FL 33131		8	83										
			3	84	City						85	Zip C	ode	
				-	•	Man	17			FI	_		iode 133	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	ove-	named cor	cooration	eubmit	s this statem	ent for the	purpose c	of chang	ing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Fk	aumorizeo i orida Statut	by II es.	ne corpora	nion's bo	aro or o	irectors. The	reby acce	shr me appr	JIIIUIIGII	i as ieg	jistorou	
•	,,	,												
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT)	E: Registered A	gent	signature requi					DATE				
12.		ND DIRECTORS	13.			<i>P</i>	ADDITIO	NS/CHANG	ES TO O	FFICERS A				
TITLE	PD	☐ DELETE	1.1 TITL	E								hange	☐ Addition	
NAME	JEFFREY, TEO		1.2 NAM	4E										
STREET ADDRESS	2904 NW 72ND AVE		1.3 STR	EET A	ADDRESS									
CITY-ST-ZIP	MIAMI FL		1.4 CITY	/-ST-	ZIP									
TITLE	D	☐ DELETE	2.1 T?TL	.E							Пс	hange	☐ Addition	
NAME	LIN, PAO YUNG		2.2 NAW	Æ										
STREET ADDRESS	2904 NW 72 AVE		2.3 STR	EET A	ADDRESS									
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST	-ZIP									
TITLE		☐ DELETE	3.1 TITL	.E							□c	hange	☐ Addition	
NAME			3.2 NAM	Æ										
STREET ADDRESS			3.3 STR	EET A	ADDRESS								Ì	
CITY-ST-ZIP			3.4. CIT	Y-ST	-ZIP									
TITLE		☐ DELETE	4.1 TITL	E								hange	☐ Addition	
NAME			4. 2 NAM	ME									ļ	
STREET ADDRESS			4.3 STR	EET /	ADDRESS									
CITY-ST-ZIP			4.4 CITY	Y-ST-	-ZIP									
TITLE		☐ DELETE	5.1 TITL	Æ								Change	Addition	
NAME			5.2 NAM	Æ										
STREET ADDRESS			5.3 STR	REET	ADDRESS								·	
CITY-ST-ZIP			5.4 CITY		-ZIP									
TITLE		☐ DELETE	6.1 TITL	E.								hange	☐ Addition	
NAME			6.2 NAM	Æ										
STREET ADDRESS			6.3 STR	REET	ADDRESS								l	

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 supplementation 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 trusted 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 attactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-1999

Daytime Phone #