## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000032294 (6) DOCUMENT #

SEMINARS INTERNATIONAL, INC.

## **FILED** Aug 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							- I DORINOOT THE COURT BEHIND ONLY BOUND BEING WINE WINE WIND HOUR WANT LEED YOUR		
12025 NW 9TH PL 12025 NW 9TH PL CORAL GABLES FL 33071 CORAL GABLES FL 33071				71			DO NOT WRITE IN THIS SPACE		
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/12/1996  3a. Date of Last Report		
2. Principal Place	e of Business	2a. Mailing Address					4. FEI Number Applied For		
21	<del></del>	26	26				60-68/-31/ Not Applicab	ole	
Suite, Apt. #, 6	etc.	Suite	Suite, Apt. #, etc.				Certificate of Status Desired     \$8.75 Additional	$\neg$	
22		27					Fee Required	_	
City & State		<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be	-	
Zip	Country	28					Trust Fund Contribution	_	
24]	25 29 30			าเรง		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  YX Yes  No			
24)	9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. X Yes No.  10. Name and Address of New Registered Agent	$\dashv$		
	OSO, EDMUND J				81	Name		$\dashv$	
12025		82 Street Ad							
	L GABLES FL 33071					Street Addre	ddress (P.O. Box Number is Not Acceptable)		
				ŀ	83			ᅥ	
				-	84	City		4	
					04	City	FL 85 Zip Code		
office or regis	he provisions of Sections 607.0 stered agent, or both, in the Sta amiliar with, and accept the obt	te of Florida. Suc	ch change was .	authorized	lbγ	the corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	g	
SIGNATURE									
<del></del>	nature, typed or printed name of registered a	·			Age	nt signature required			
12.	DEFICERS A	ND DIRECTORS	DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	!	
	BESTOSO, EDMUND J		□ otten	1.2 NA			C. Orango C. Addition	" ]	
	12025 NW 9TH PL			1		ADDRESS			
	CORAL GABLES FL 33071			1.4 CIT					
TITLE			DELETE			1.1"	Change Addition	ᆔ	
NAME				2.2 NA	ME				
STREET ADORESS			2.3		2.3 STREET ADDRESS				
CITY-ST-ZIP					2. 4 CITY-ST-ZIP			- 1	
TITLE			DELETE 3.1 T				Change Addition	on	
NAME				3.2 NA	ME			-	
STREET ADDRESS				3.3 STF	REET A	ADDRESS			
CITY-ST-ZIP					Y-S	T-ZIP		_ ]	
TITLE	☐ DELETE 4		4.1 7(1)	4.1 TITLE		☐ Change ☐ Additio	3N		
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 STP	EET /	ADDRESS			
CITY-ST-ZIP			T 65/575	4.4 CIT		I - ZIP			
TITLE			☐ DELETE	5.1 1111			Change Addition	nc	
NAME				5.2 NAI					
STREET ADDRESS						ADDRESS	·		
CITY-ST-ZIP			Douete	5.4 CIT		-ZIP		$\dashv$	
TITLE			DELETE	6.1 TITU			Change Additio	)n	
NAME				6 2 NA					
STREET ADDRESS						ADDRESS	·		
CITY-ST-ZIP	artify that the information count	ind with this files	dage not augli	6.4 Cit			in Section 119.07(3)(i). Florida Statutes. I further certify that the	4	

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.