FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058177 (2)

SEJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2100 PARK CENTRAL BLD. NO. STI POMPANO BEACH FL 33064	900 2100 PARK CENTRAL BLD. NO. STE 900 POMPANO BEACH FL 33064

FILED May 20 1997 8:00am Secretary of State



Thropat Face of Cosmoss								
		2100 PARK CENTRAL BLD. NO. POMPANO BEACH FL 33064		STE 900				
								3. Date Incorporated or Qualified 3a. Date of Last Report N/A
2. Principal Pla	ace of Business		2a	. Mailing Address				4. FEI Number Applied For
21			26					65-0686178 Not Applicable
Suite, Apt. #			27	Suite, Apt. #, etc.		! !		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	25	ountry	29	Zip	30	ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
4	g, Name and A	ddress of Current F	egli	stered Agent				10. Name and Address of New Registered Agent
KLEIL	N, THEODROE	J ESO.				81	Name	emier Asset Management, Inc.
	5 NE 2ND AVEN JIAMI BEACT) FL		/	7		82	Street 6	Address (P.O. Box Number is Not Acceptable) DO Park Central Blvd. North
110 11		/ /				83		ite 900
	11/	/_/	<i>/</i>			:	City Pon	mpano Beach, FL 85 Zip Code 33064
11. Pursuant (the provisions of gistered agents of	Sections 607,6502 a ball of the State of	nd E Flori	507.1508, Florida Statu ida. Such change was of, Section 607.0505, Fl	los, the authori	above- zed by t	named i the corp	corporation submits this statement for the purpose of changing its registered poralion's board of directors. I hereby accept the appointment as registered
SIGNATURE /	4//							05/16/97
/_/ `	gnature, typed or printed	I name of registered agent a			-		signature	required when reinstating) DATE.
TITLE		OFFICERS AND C)IFCE	DELFTE	1	3. Trite	Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME				_ onto		2 NAME		
STREET ADDRESS	rec			STREET A	DOBL 66.	2100 Park Central Blvd., North		
CITY-\$T-ZIP	•			4 CITY-ST-		Pompano Beach, FL 33064		
TITLE				☐ DELETE		TITLE		DVTS Change K Addition
NAME						: ? Name		Jack Azout
STREET ADDRESS	DRESS			2 \$ STREET ADD		ODRESS	3049 NE 163 Street	
CITY-ST-ZIP					2	A CHY-SI	- ZIP	N. Miami Beach, FL 33160
TITLE				☐ DELETE	3	TITLE		DVA Change & Addition
NAME					3.2	Ż NAME	i	Isaac Sredni
STREET ADDRESS					3.3	3 STREET A	DORESS	3049 NE 163 Street
CITY-ST-ZIP					3.4	4. CITY - ST	- ZIP	N. Miami Beach, FL 33160
TITLE				DELETE	4.1	TITLE		DV Change K Addition
NAME					4.	2 NAME	1	Saul Gilinski
STREET ADDRESS					4.3	\$ STREET A	ODRESS	2525 Davie Rd., Ext., Ste 320
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				4.5	4 CHY-S1-	7IP	Davia PI 22217
TITLE				□ DELETE	51	THLE	1	V Change & Addition
NAME					5.3	NAME		Sharon A. O'Reilly
STREET ADDRESS					53	STREET A	DDRESS	2100 Park Central Blvd. N
CITY-ST-ZIP					5.	CHY-ST-	ZIP	Domnana Basah Br 22064
TITLE				DYNNET"	6	TITLE		Pompario Beach, FL 33064 Change & Addition
NAME		/	1	/// \	63	NAME	İ	
STREET ADDRESS		//		/// /	6.3	STREFT A	ODBFES	
CITY-ST-ZIP			/			CILY SI		
14. I do hereby	y certify that the in	formation surplied w	nj/l	his filing does not qual	ify for H	te exem	ption st	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

nental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that beiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the appears in Block 12 or Block X