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FILED

May 08 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 # P96000059818 (0)

1. Corporation Name

ALLSEA PRODUCTS INC.

Principal Place of Business
12460 SW 8TH ST., STE. 207
MIAMI FL 33184

Mailing Address
12460 SW 8TH ST., STE. 207
MIAMI FL 33184-1437

3. Date Incorporated or Qualified
07/17/1996

3a. Date of Last Report
FIRST

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0688167

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

10. Name and Address of New Registered Agent

HEVIA, MARTHA E
1092 E. 20 ST.
HIALEAH FL 33013

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Martha Hevia
Signature, typed or printed name of registered agent and title if applicable.

REGISTERED AGENT

4-24-97

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
VAMONTE, HECTOR
1092 E. 20 ST.
HIALEAH FL 33013

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PRESIDENT
RAMON DIAZ
6471 SW 128 CT
MIAMI, FL 33184

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
HEVIA, MARTHA E
1092 E. 20 ST.
HIALEAH FL 33013

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
SECRETARY
HECTOR VAMONTE
1092 E. 20 ST.
HIALEAH, FL 33013

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
VALDIVIA, ELO R
8307 SW 142 AVE.
MIAMI FL 33183

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
TREASURER
MARTHA E. HEVIA
1092 E. 20 ST.
HIALEAH, FL 33013

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DIAZ, RAMON
6471 SW 128 CT.
MIAMI FL 33184

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
VICE-PRESIDENT
ELO R. VALDIVIA
8307 SW. 142 AVE
MIAMI, FL 33183

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-24-97

(305)

Date

Daytime Phone #

0240436

CR2E034 (9/96)