

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.)

1062

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074039 (4)**

1. Corporation Name  
**SEMORAN CORP.**

Principal Place of Business  
**848 BRICKELL AVENUE STE 600  
MIAMI FL 33131**

Mailing Address  
**848 BRICKELL AVENUE STE 600  
MIAMI FL 33131**

FILED

97 SEP -4 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>09/06/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0737166</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>WAYNE, GEOFFREY M 1001 SOUTH BAYSHORE DRIVE STE 2702 BRICKELL BAY OFFICE TOWER MIAMI FL 33131-4900</b>		10. Name and Address of New Registered Agent	

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.		12. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRIOS, RAMON</b>	1.2 NAME	<b>900002285149-8</b>
STREET ADDRESS	<b>848 BRICKELL AVENUE STE 600</b>	1.3 STREET ADDRESS	<b>-09/04/97-0108-012</b>
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-STATE-ZIP	<b>***165.00 ***165.10</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

*Ramon Barrios P.*

CR2E034 (4/97)

2062

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GEOFFREY M. WAYNE, P.A.

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Brickell Bay Office Tower  
1001 Brickell Bay Drive  
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GEOFFREY M. WAYNE

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*of counsel*  
ARNOLD L. PERLSTEIN

August 25, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

**Re: Document # P96000074039 (4) - Semoran Corp.**

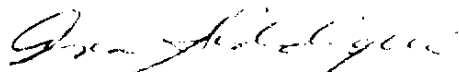
Dear Sir or Madam:

Please be advised we are in receipt of a Second Notice for the Annual Report of the above-referenced corporation. Please note that neither the director of the corporation nor the registered agent ever received the First Notice. Upon receipt of this Second Notice, we immediately contacted your office and explained the foregoing. The person with whom we spoke suggested that we send a check for \$165.00 together with a letter explaining what had occurred. Enclosed please find a check in the amount of \$165.00 in payment of the Annual Report Filing Fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

GEOFFREY M. WAYNE, P.A.



Ana Siddiqui  
Legal Secretary