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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000083594 (7)

SFEIR ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 21 1998 8:00am Secretary of State



11.1106 /2 1700

777 BRICKELL AVENUE. SUITE 1010 MIAMI FL 33131					777 BRICKELL AVENUE. SUITE 1010 MIAMI FL 33131								DO N	IOT W	/RITE	IN THIS S	SPACE	:	
									3.	. [	Date Inco	•		Qualif	ied			•	
2. Principal Place of Business				h1	2a. Mailing Address					4. FEI Number							Applied For		
Suite, Apt. #, etc.					Suite, Apt. #, otc.					65-0722450							Not Applicable		
22				27					5. Certificate of Status Desired See Required Fee Required										
23	City & State	& State			City & State				6.		Election ( Trust Fun	•			ng				May Be to Fees
	Zip	_	Country	Zip	· · ·	Count	У		8. This corporation owes or has paid the current year Intangib							angible			
24 25 25 Name and Address of Current			29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent											
9, Name and Address of Current Registered Agent							1T N	ame	10.	<u>,                                    </u>	Name an	a Ado	ress (	DI NOV	v neg	istered /	egent		
Befeler, George 150 West Flagler Street						8													
MUSEUM TOWER, SUITE 2701								reet Addre	ress (P.O. Box Number is Not Acceptable)										
	MIA	AMI FL 331	30			83	3												
						84	1 C	ity								FL	85	Zip (	Code
11.	Pursuant t	lo the provisi	ons of Sections 60	7.0502 and 607.150 State of Florida, Suc	8. Florida Statu	ites, the abov	⊥ ve-na	med corp	oratio	on.	submits	this sta	teme	nt for t	lhe pu	rpose of	chang	ging it	s registered
	agent. Lar	egistered ag m familiar wit	ent, or both, in the th, and accept the	State of Honda, Suc obligations of, Secti	ch change was on 607.0505, F	authorized b lorida Statute	by the os.	corporati	ion's t	bo	pard of di	rectors	. I her	eby a	ccept	the app	pintme	nt as	registered
ŞIC	SNATURE .																		
		Signature, typical		ed agent and the if applice	tile <b>(N</b> O	It Angistered Ag	gent sig	prature require								DATE			
12. TITL		<u></u>	OFFICER	S AND DIRECTORS	DELETE	13.				AL	DDITION	S/CHAI	NGES	100	FFICE	RS AND			
NAN		SFEIR, S	SAMIR A		E' Decest	1.2 NAME											L Ch	ange	Addition
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CITY-ST-ZIP MIAMI FL 33131					1.4 CITY-														
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NAN	IE					2.2 NAME		İ										•	
STR	EET ADDRESS					2.3 STREE	T ADDR	RESS											
CITY	-ST-ZIP					2. 4 CITY	S1 - ZII	P											
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	-ST-ZIP				TT SUFEE	3 4. CITY -	S1 · ZII	,									<del></del>		
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	-ST-ZIP					5.4 CITY-													
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NAM	ε					6.2 NAME										•		•	
STRE	ET ADDRESS					6.3 STREE	t addr	ess											
CITY-ST-ZIP					6.4 CITY - ST - 7(P														

Thereby 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 any address