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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086558

1. Corporation Name

SEYER INDUSTRIES, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90117 044 ***150.00



							lli elin etili l		
Principal Place	of Business	Mailing Addr	ess			4 100 tides 14 t 10 till 8 11 t 8 11 t 10 till 8 11 t 10	FII	#(# #! #) #;	181 81 81 1811 1881
14119 SW 125TH AVENUE 14119 SW 125TH AVENUE MIAMI FL 33186 MIAMI FL 33186						DO NOT WRI	TE IN THIS	SPACE	
		•				3. Date Incorporated or Qualifed 10/18/1996			
Principal Place of Business 2a. Mailing Address						1 T		Applied For	
21 26					65-0711522	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc						5. Certificate of Status Desired	`	•	Additional Required
City & State City & State			ate			6. Election Campaign Financing			May Be
23 28 7			Country			Trust Fund Contribution	 -		d to Fees
Zip				0		8. This corporation owes the curl Personal Property Tax.	corporation owes the current year Intangible		
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agen				
	g. Name and Address of Curren	it vedistelen Ade	81	Name	10. Hailo alla Addices el Heli	togic terou.			
LAROCCA, ELIZABETH ESQ				 					
80 SW 8TH STREET SUITE 2042				82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	AI FL 33130			03	ł				
	•			84	1		FL		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
					nt signature requ	ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECT	FORS IN 12
12.	D OFFICERS AF] DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Chang	
NAME	REYES, ANGEL	_	5	12 NAME				_ ·	
" "	14119 SW 125TH AVENUE				TADDRESS				
STREET ADDRESS	MIAMI FL 33186		1	1.4 CITY-S	}				Ì
CITY-ST-ZIP	INIPAIN LE GOTGO		DELETE	2.1 TITLE	1-2"			Change	e Addition
NAME				2.2 NAME	- 1				İ
STREET ADDRESS					TADDRESS				<u> </u>
CITY-ST-ZIP	•			2. 4 CITY-5					
TITLE	200 - 1 0 gray	- , - ,	DELETE	3.1 TITLE	721			. Change	e Addition
NAME				3.2 NAME		•			ļ
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP			i	3.4. CITY-5	1	-			
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TITLE	-+			☐ Chang	e
NAME	•			4, 2 NAME	1				
STREET ADDRESS	٠			4.3 STREE	TADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE				Chang	e Addition
NAME	l .		-	5.2 NAME	}	•			ļ
STREET ADDRESS	•			5.3 STREE	TADDRESS				. 1
CITY+ST-ZIP			l	5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE	$\neg \neg$			Change	e Addition
NAME				6.2 NAME					}
STREET ADDRESS	-		1	6.3 STREE	TADORESS				}
CITY-ST-ZIP	OF MAR			6.4 CITY-S	T-ZIP				
						Castian 440 07/3\(i) Florida Statutan	16.41	16 . 46 . 4 AL	

I 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, with all other like empowered.

SIGNATURE: