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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007672 JOK

1. Corporation Name

SEK INSTITUTIONAL COMMUNICATIONS, CORPORATION

Principal Place of Business	Mailing Address
3700 N.W. 124 AVE. SUITE 137 CORAL SPRINGS, FL. 33065	3700 N.W.124 AVE. SUITE 137 CORAL SPRINGS, FL.33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JANUARY 27, 1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0744580 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA, P.A.
101 MADEIRA AVE.
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent

81 Name: ARAZOZA, COMAS, DE TORRES & FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): FRAGA, P.A.
83: 2100 SALZEDO STREET
84 City: CORAL GABLES, FL 85 Zip Code: 33134

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] GASTON COMAS/MANAGING DIRECTOR 4-29-99
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	PD/DIRECTOR	☐ DELETE	1.1 TITLE	DIRECTOR/TREASURER	☐ Change ☒ Addition
NAME	JORGE SEGOVIA BONET		1.2 NAME	RAMON ORTIZ MATIAS	
STREET ADDRESS	3700 N.W. 124 AVE.		1.3 STREET ADDRESS	3700 N.W. 124 AVE.	
CITY - ST - ZIP	CORAL SPRINGS, FL. 33065		1.4 CITY - ST - ZIP	CORAL SPRINGS, FL.33065	
TITLE	TREASURER	☒ DELETE	2.1 TITLE	DIRECTOR/SECRETARY	☐ Change ☒ Addition
NAME	SUSANA PERDIGUERO SANMIGUEL		2.2 NAME	SERGIO AGUILAR BATISTA	
STREET ADDRESS	3700 N.W. 124TH AVE		2.3 STREET ADDRESS	3700 N.W. 124 AVE	
CITY - ST - ZIP	CORAL SPRINGS, FL. 33065		2.4 CITY - ST - ZIP	CORAL SPRINGS, FL. 33065	
TITLE	SECRETARY	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANCISCO GUIRAL SEGOVIA		3.2 NAME		
STREET ADDRESS	3700 N.W. 124 AVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL. 33065		3.4 CITY - ST - ZIP		
TITLE	DIRECTOR/VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MIGUEL ZAPATA OLSON		4.2 NAME		
STREET ADDRESS	3700 N.W. 124 AVE.		4.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL. 33065		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

CR2E034 (11/98)

14. 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: [signature] 4-30-99 954-7533799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1