

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017069 (0)

1. Corporation Name

SETEX OF AMERICA CORPORATION



Principal Place of Business

Mailing Address

C/O CRAIG B. COTLER, ESQ.
8211 W. BROWARD BLVD., SUITE 460
PLANTATION FL 33324

C/O CRAIG B. COTLER, ESQ.
8211 W. BROWARD BLVD., SUITE 460
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

2. Principal Place of Business

21 4651 S.W. 51st Street

2a. Mailing Address

26 4651 S.W. 51st Street

4. FEI Number

65-0743344

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #812

27 #812

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Davie, Florida

28 Davie, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33314

25 U.S.

29 33314

30 U.S.

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H.S.U., FERNANDO
1161 BEL AIRE DR. F.
PEMBROKE PINES FL 33027

81 Name

Fernando Hsu

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

4651 S.W. 51st Street

83

#812

84

City

Davie

FL

85

Zip Code

33314

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 change of, Section 607.0505, Florida Statutes.

SIGNATURE

Fernando Hsu

3-598

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME H.S.U., FERNANDO
STREET ADDRESS 1161 BEL AIRE DR. F.
CITY - ST - ZIP PEMBROKE PINES FL 33027

☐ DELETE

TITLE DVST
NAME TEIXFIRA, APARECIDO
STREET ADDRESS 1161 BEL AIRE DR. F.
CITY - ST - ZIP PEMBROKE PINES FL 33027

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE DP
1.2 NAME Fernando Hsu
1.3 STREET ADDRESS 4651 S.W. 51st Street, #812
1.4 CITY - ST - ZIP Davie, Florida 33314

☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Ernest Mancini
2.3 STREET ADDRESS 4651 S.W. 51st Street, #812
2.4 CITY - ST - ZIP Davie, Florida 33314

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

FERNANDO HSU

35-98

954-321-2282

CR2E034 (10/97)