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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000024017 (0) DOCUMENT #

SOUTH EASTERN DEVELOPMENT RESEARCH, INC.

FILED May 13 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 9153 SOUTHWEST 72 AVENUE, SUITE T-8 9153 SOUTHWEST 72 AVENUE, SUITE T-8 MIAMI FL 33155-1639 MIAMI FL 33155-1639 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 0 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country B. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **AMERILAWYER CHARTERED** 1ANGIAMEL Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 72 CORAL GABLES FL 33134 83 Zip Code 33156 City 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, withe State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a am tampar with, and accept the objection 607.505, Florida Statutes. DANIELE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE 111000 MANGIAMELI, DANIELE NAME 1.2 NAME 9153 SOUTHWEST 72 AVENUE, SUITE T-8 STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33155-1639 CITY-ST-ZIP 1.4 CITY-ST-7/P DELETE Change Addition TITLE 2.1 TITUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ___ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 supplier dital 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 dorporation or the exemption execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and that my name appears in the contract of the contract of the dorporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier distribution of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 dorporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of the dorporation or the exemption of the

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