## 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 # P97000039355 (7)

SEAD INTERNATIONAL, INC.

## FILED Apr 13 1998 8:00am Secretary of State



		· • • · <u> </u>	. <del> </del>				
	eo of Business	Mailing Address					
	TH AVENUE #A-3	6600 NW 27TH AVENUE #A-3					
MIAMI FL 33	147	MIAMI FL 33147			DO NOT WRITE IN THIS SPACE		
				3. Date Incorpora	ed or Qualified		
				05/02/1997			
2. Principal Place of Business		2a. Mailing Address		4, FEI Number		Applied For	
21 11 N.W. 183rd Street		26 111 N.w. 183rd Street		et 65-07527	56	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 406		5. Certificate of St	atus Desired 🔲	\$8.75 Additional	
22 . 406 City & State		27 406 City & State				Fee Required	
23 MIAMI , FLORIDA		28 MIAMI, FLORIDA		6. Election Campa Trust Fund Con	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	
Zip Country		7ip Country			owes or has paid the cul		
24 33169	25 DADE	33169	30 DADE			Yes No	
	9, Name and Address of Current I			10. Name and Add	ress of New Registered	Agent	
DAWODU, OLUSESI A					λ		
82 Street Addres				NODU , OLUSESI Address (P.O. Box Number	is Not Acceptable)		
į Mi	AMI FL 33147	N.W. 183rd		)6			
			83				
			84 City		<u> </u>	85 Zip Code 33169	
		10074506 64 14 60	Mian		FL.		
Office or r	to the provisions of Sections 607 0502 a ogistered agent, or both, in the State of	l Florida. Such change was a	uthorized by the corp	corporation submits this st oration's board of director.	atement for the purpose of s. I hereby accept the app	ointment as registered	
agent. La	m familiar with, and accopt the obligate	ons of, Section 607.0505, Flo	rida Statules. 🖣			-	
SIGNATURE	Signature, typed or priored name of togestered agent a	and title if anobosiste // INOTE	Registered Agent signature	recurred when reinstation)	DATE		
12.	OFFICERS AND		13.		NGES TO OFFICERS AND	D DIRECTORS IN 12	
THILE		DELETE	1.1 THEF	President/CF	EO	☐ Change ☐ Addition	
NAME			1.2 NAME	OLUSESI A.	DAWODU		
STREET ADDRESS			1.3 STREET ADDRESS	111 N.W. 1	83rd Street	, Ste 406	
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Miami, Flori	.da 33169		
TITLE		DELETE	2.1 TITLE			L Change L Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DECETE	2.4 CITY - S1 - ZIP			Change Addition	
NAME			3.1 TITLE 3.2 Name			Criange Addition	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE	- <del></del>	DELETE	4.1 TITLE			Change Addition	
NAME		- <del>-</del>	4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		,	☐ Change ☐ Addition	
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - 71P				
TITLE		☐ DELETE	61 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 City - St - ZiP				
<b>14.</b> Thereby c	certify that the information supplied with	this filing does not qualify for	r the exemption state:	d in Section 119.07(3)(i), F	orida Statutes. I further ce	rtify that the information	

14. 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 by 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 changing the property at a large mentwith an address.

CICNIATURE

Or uses A. Danos

(304)663-766