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 # P97000053937

1. Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90014 044 ***150.00

	1 SEMINOLA CORP.		•		
	·				
Principal Place	of Business	Mailing Address			
13351 NW 102ND AVE. 13351 NW 102ND AVE.				·	
HIALEAH FL 33018 HIALEAH FL 33018				DO NOT WRITE IN THIS	S SPACE
	•			3. Date Incorporated or Qualifed	
				06/17/1997	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	L.	26		65-0765443	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible
24	25	29 3	0	Personal Property Tax.	ØYes □No
	9. Name and Address of Currer	nt Registered Agent	1541 11	10. Name and Address of New Registered	Agent
DAD	ODODE ALICH I		81 Name		
RAPOPORT, ALLEN J		4440	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PONCE DE LEON BLVD., STE.	1110			
COH	IAL GABLES FL 33134		83		Ì
	• .		84 City		85 Zip Code
	•	·	1 1 1	F	fabracia ita sasistarad
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named com	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.	on a board of directors. The easy accept me app	i
	<i>-</i>				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AF	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
				ADDITIONO/OTHATOLE TO OTT TOLITO!	
TITLE	DP	☐ DELETE	1.1 TITLE	ADDITIONS/OFFICE TO STATE	Change Addition
NAME	SOSA, SEGUNDO JR.		1.1 TITLE 12 NAME	ADDITIONOL PROZECTO CONTEST	
	SOSA, SEGUNDO JR. 13351 NW 102ND AVE.		1.1 TITLE	ADDITIONOL PROLET TO CONTROL OF	
NAME	SOSA, SEGUNDO JR.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONOLO INTOLO I O GINTA	☐ Change ☐ Addition
NAME STREET ADDRESS	SOSA, SEGUNDO JR. 13351 NW 102ND AVE.		1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONOLO IN TOLE 1 O ON TOLE 1	
NAME STREET ADDRESS CITY-ST-ZIP	SOSA, SEGUNDO JR. 13351 NW 102ND AVE.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONOLO IN TOLE 1 O ON TOLE 1	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SOSA, SEGUNDO JR. 13351 NW 102ND AVE.	DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONOUS PRODUCTION	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOSA, SEGUNDO JR. 13351 NW 102ND AVE. HIALEAH FL 33018	DELETE DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition Change Addition Change Addition Change Addition Change Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR