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

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90266 021 ***150.00

DOCUMENT # P97000055376						
i. corporatio	IFERT FUND, INC.					
INE SE	IFERT FUND, INC.					
	. •					
Principal Place	ce of Business	Mailing Address		·	_{	
						* *
9930 SW 214TH STREET					•	
	•				. DO NOT WRITE IN	THIS SPACE
					Date Incorporated or Qualifed	
<u> </u>					06/23/1997	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 . 26		Suite Ant # etc			65-0760546	Not Applicable
		27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip			Country	•	8. This corporation owes the current y	
24	25		30	•	Personal Property Tax.	Yes No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent
SEIFERT, WALTER L						
				Street Addre	ess (P.O. Box Number is Not Acceptable)	 ,
MIAMI FL 33189 83						~
					•	}
1			84	City	Ch.	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					we will be a second of the sec	FL 03 Zip code
i office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auf	thorized by th	e corporation	n's board of directors. I hereby accept the	appointment as registered
\	m tamiliar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent s	ignature required	when reinstating)	ATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	SEIFERT, WALTER L MD		. 1.2 NAME			}
STREET ADDRESS	9930 SW 214TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-ST-ZIP			
TITLE	SEIFERT, SONIA	☐ DELETE	2.5 TITLE			☐ Change ☐ Addition
NAME	9930 SW 214TH ST		2.2 NAME			
STREET ADDRESS	9930 SW 2141H 51 MIAMI FL 33189		2.3 STREET AL			
CITY-ST-ZIP	VP	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME	SEIFERT, OLGA		3.2 NAME			ClarigeAddition
STREET ADDRESS	0000 001 04 201 00		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189	•	3.4. CITY- ST-2			
TITLE		☐ DELETE	4.1 TITLE	"		☐ Change ☐ Addition
NAME -		•	4, 2 NAME		÷ .	7
STREET ADDRESS			4.3 STREET AL	OORESS		
CITY-ST-ZIP			4.4 CITY-ST-Z	<u> 1</u> P	··	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	•		52 NAME			
STREET ADDRESS			5.3 STREET AC	J		
CITY-ST-ZIP			5.4 CITY-ST-Z	iP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	1		
CITY-ST-ZIP	<u></u>		6.4 CITY-ST-Z	H		

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:

(305)256-8159