**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000083317** 1. . Corporation Name

SEGAR ENTERPRISES, INC

## Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90070 017 \*\*\*150.00



|   |   |                 |                     |   |                              |   | <u> </u>                  | \\ <b>!</b> \\ <b>!</b> \\ <b>!</b> \\ <b>!</b> \\ |  |
|---|---|-----------------|---------------------|---|------------------------------|---|---------------------------|--|--|
| Principal Place                                 | e of Business   | Mailing A       | ddress              |   |                              | ( 100(100) 1(9 (8(1) 100)( 99(1) 80(1)  | 1 86114 84141 18188 11189 | (1581 15811 1881 188)                              |  |
| 13341 S.W. 1ST TERRACE 13341 S.W. 1ST TERRACE   |   |                 |                     |   |                              | 4   |                           |  |  |
| MIAMI FL 33184 MIAMI FL 33184                   |   |                 | 33184               |   | . DO NOT WRITE IN THIS SPACE |   |                           |  |  |
|   | ·   |                 |                     |   |                              | 3. Date Incorporated or Qualifed 09/25/1997   |                           |  |  |
| 2 Principal Pl                                  | lace of Business  | 2a. Mailin      | g Address           |   |                              | 4. FEI Number   |                           | Applied For  |  |
| 21 26   |   |                 |                     | · · · .                                 |                              | 65-0791790  | ·                         | Not Applicable                                     |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27      |   |                 | Apt. #, etc.        |   |                              | 5. Certificate of Status Desired  | T                         | \$8.75 Additional<br>Fee Required                  |  |
| City & State City & State                       |   |                 | State               | 71 10                                   |                              | Election Campaign Financing     Trust Fund Contribution                                 | 1 1 '                     | 00 May Be<br>led to Fees                           |  |
| Zip   | Country   | Zip             |                     | Country                                 |                              | 8. This corporation owes the curre  | nt year Intangible        |  |  |
| 24  | 25 29 30  |                 |                     | Personal Property Tax.   X  X  Yes □ No |                              |   | □No                       |  |  |
| 9. Name and Address of Current Registered Agent |   |                 |                     |   |                              | 10. Name and Address of New R   | egistered Agent           |  |  |
|   |   |                 | <u> </u>            | 81                                      | Name                         |   | _                         |  |  |
| SERRANO, FERNANDO                               |   |                 |                     | 100                                     |                              | (D.O. Bay Nive bay in Not Assentat  | hto) :                    |  |  |
| 13341 S.W. 1ST TERRACE                          |   |                 |                     | 82                                      | Street Ad                    | Idress (P.O. Box Number is Not Acceptat   | ne) ·                     |  |  |
| MAIM  | AI FL 33184   |                 |                     | 83                                      |                              |   |                           |  |  |
|   |   |                 |                     | 84                                      | City                         | · · · · · · · · · · · · · · · · · · ·   | FL 85 2                   | Zip Code   |  |
|   |   |                 | 0 Ft-1-1 0 1 1 1 1  |   |                              | was the submits this statement for the  |                           | r ite registered                                   |  |
| office or re                                    | to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Suc | n change was author | izea by                                 | the corpora                  | proporation submits this statement for the pation's board of directors. I hereby accept | the appointment a         | s registered                                       |  |
| SIGNATURE                                       |   |                 |                     |   |                              |   | 0470                      |  |  |
|   | Signature, typed or printed name of registered age  |                 |                     |   | t signature requ             | ADDITIONS/CHANGES TO OFF  | DATE DIRECT               | CTOPS IN 12  |  |
| 12.   | OFFICERS AN   | ID DIRECTOR     |                     | 13.<br>1.1 TITLE                        |                              | ADDITIONS/CHANGES TO OFF  | Char                      |  |  |
| TITLE   | DP CERTAIN FELIX  |                 |                     |   | ļ                            |   |                           |  |  |
| NAME  | SERRANO, FELIX  |                 |                     | 1.2 NAME                                |                              |   |                           |  |  |
| STREET ADDRESS                                  | 13341 S.W. 1ST TERRACE  |                 |                     |   | TADORESS                     | •   |                           | ĺ  |  |
| CITY-ST-ZIP                                     | MIAMI FL 33184  |                 |                     | 1.4 CITY-S                              | T-ZIP                        |   | Char                      | nge Addition                                       |  |
| TITLE   | DV  |                 |                     | 2.1 TITLE                               | - 1                          |   | _ Gritar                  | ,            |  |
| NAME .  | SERRANO, FELIX JR.  |                 | _                   | 2.2 NAME                                |                              |   | _                         |  |  |
| STREET ADDRESS                                  | 13341 S.W. 1ST TERRACE  | • -             |                     |   | ADDRESS                      |   |                           |  |  |
| CITY-ST-ZIP                                     | MIAMI FL 33184  |                 |                     | 2. 4 CITY-8                             | ST-ZIP                       |   | ☐ Char                    | nge Addition                                       |  |
| TITLE   | DS  |                 | i i                 | 3.1 TITLE                               |                              |   |                           | ige 🗆 Addition                                     |  |
| NAME  | SERRANO, FERNANDO   |                 |                     | 3.2 NAME                                |                              |   |                           |  |  |
| STREET ADDRESS                                  | 13341 S.W. 1ST TERRACE  |                 |                     |   | TADDRESS                     |   |                           |  |  |
| CITY-ST-ZIP                                     | MIAMI FL 33184  | _,              |                     | 3.4. CITY - 5                           | T-ZIP                        |   |                           | nge  |  |
| TITLE   | OT  | •               | •                   | 4,1 TITLE                               | [                            |   |                           | ige  |  |
| NAME  | SERRANO, ANGELICA   |                 |                     | 1, 2 NAME                               |                              |   |                           |  |  |
| STREET ADDRESS                                  |   |                 |                     |   | TADDRESS                     |   |                           |  |  |
| CITY-ST-ZIP                                     | MIAMI FL 33184  |                 |                     | 44 CITY-S                               | T-ZIP                        |   | Char                      | nge Addition                                       |  |
| TITLE   |   |                 |                     | 5.1 TITLE<br>5.2 NAME                   |                              |   | □ Chai                    | age Dyoquion                                       |  |
| NAME  |   |                 |                     |   |                              |   |                           | ļ  |  |
| STREET ADDRESS                                  |   |                 |                     |   | TADORESS                     |   |                           |  |  |
| CITY-ST-ZIP                                     |   |                 |                     | 5.4 CITY-S<br>5.1 TITLE                 | 1-211                        |   |                           | nge Addition                                       |  |
| TITLE   | _   |                 |                     |   |                              |   | ☐ Char                    | ide Prodition                                      |  |
| NAME  |   |                 |                     | 6.2 NAME                                |                              |   |                           |  |  |
| STREET ADDRESS                                  | '   |                 | •                   | 5.3 STREE                               | F ADDRESS                    |   |                           |  |  |

CITY-ST-ZIP 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.