

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
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90005 034 ***558.75

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1. Corporation Name

SERINEX CORPORATION

Principal Place of Business

431 NE 143RD. ST.
MIAMI FL 33161

Mailing Address

431 NE 143RD. ST.
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

650826737

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 610877

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

25 Country

29 Zip

30 33261

Country

30 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROBERTS, SEAN E
STREET ADDRESS 431 NE 143RD. ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PITH ☐ Change ☒ Addition
1.2 NAME SEAN ROBERTS
1.3 STREET ADDRESS 431 NE 143 ST
1.4 CITY-ST-ZIP MIAMI FL 33161

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME SHARON D ISAAC
2.3 STREET ADDRESS 431 NE 143 ST
2.4 CITY-ST-ZIP MIAMI FL 33161

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME STACY ROBERTS
3.3 STREET ADDRESS 431 NE 143 ST
3.4 CITY-ST-ZIP MIAMI FL 33161

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

305 947 7755

Date

Daytime Phone #

CR2E034 (11/98)