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 # P98000014558

1. Corporation Name

SEYPER CORPORATION

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90036 006 ***150.00

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Principal Place of Business Mailing Address				3 INDISTRUCTED CHIRL CHIEFE DEFINED IN CONTRACT	1181 11811 81881 81181 S	11581 1811 1881
ONE SOUTHEAST THIRD AVENUE ONE SOUTHEAST THIRD AVE			NIE			
STE 1400 STE 1400				DO NOT MIDITE IN THE SPACE		
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed		1
				02/13/1998		lied For
_	lace of Business	2a. Mailing Address		4, FEI Number	<u> </u>	olied For
21		26		65-0816331	\$8.75_A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite 2130		27 Suite 2130	راغيترميلا الروادي	5 Certificate of Status Desired	Fee Rec	
City & State City & State				a Florida Compaign Figureing	\$5.00	
<u> </u>	le :	´		6. Election Campaign Financing Trust Fund Contribution	Added to	- ,
Zip	Country		Country	This corporation owes the current year		
└	25	29 30	· ·	Personal Property Tax.		⊠No
24	9. Name and Address of Current	1=-1	i.	10. Name and Address of New Register	ed Agent	
	o. Haine and Hadres of Julien		81 Name			
COP	PROLITE CORPORATION		00	(DO Day No.)		
ONE SOUTHEAST THIRD AVENUE			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
STE 1400			83 (4	Dio		$\neg \neg$
MIAMI FL 33131			Eurte	2130		
			84 City	5	5	ode
11. Pursuant	to the arrayinione of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named con	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State (of Florida. Such change was autho	orized by the comporati	ion's board of directors. I hereby accept the ap	pointment as reg	jistered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTF: Rec	istered Agent signature require	ed when reinstating) DATE		— \
12.	OFFICERS AN	, , , , , , , , , , , , , , , , , , ,	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	SEIDNER, LEONARDO		1.2 NAME		•	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE,	STE 1400	1.3 STREET ADDRESS	iute 2130		
CITY-ST-ZIP	MIAMI FL 33131	012 1400	1.4 CITY+ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	SEIDNER, HARRY		2.2 NAME			{
STREET ADDRESS		STE 1400		uite 2130		
<u> </u>	MIAMI FL 33131	SIE 1400	2.4 CITY-ST-ZIP	Marie The Control of	وه به المدين للمناسب م	~ ·
TITLE	WHARE I L 33 13 1	DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME		-	\
STREET ADDRESS			3.3 STREET ADDRESS			
ļ			3.4. CITY-ST-ZIP			Į
TITLE	 	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	,		4, 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	-	. Change	Addition
NAME			5.2 NAME			_
J	·		5,3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP		•	{
TITLE	·	☐ DELETE	6.1 TITLE		Change	Addition
	3 ² 5.		6.2 NAME			_
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.3 STREET ADDRESS		•	
1 0004 00 000						I

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: