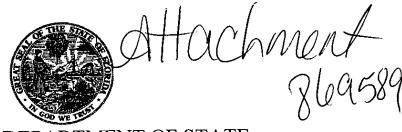
## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 19, 2002 8:00 am Secretary of State

Entity Name	IENT # P98000 RPORATION	,020110	· ·	06-1	9-2002 905	941 UII "	***150.00
rrincipal Place of Business Mailing Address 2428 PONCE DE LEON BLVO. CORAL GABLES FL 33134 CORAL GABLES							
Principal Pla	ce of Business	3. Mailing Address			i Aktifi Aktin Aktin ind	18t enn grav a	
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE			
				4. FEI Number . 65-08363	72		olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		<b>8.75</b> Addi ee Required	
	8. Name and Address of Current Re	wistered Agent	<u> </u>	7. Name and Address of New	Registered A	gent	
_	O. Name divi Audicos di Cultent ne		Name		_		
	RRERO, JOSE			ss (P.O. Box Number is Not Accepta	ble)		
	CE DE LEON BLVO ABLES FL 33134			-		1 7:00-4	:
	منحور لحويهماه لتنظون بيالي	چند ۱۰۰ نیا پایند	City	<u> </u>	FL	Zip Code	'
	named entity submits this statement for t	d litte if applicable. (INC	DTE: Registered Agent signature req		DATE		&
SIGNATURE		d little if applicable. (INO After May 1, 2		10. Election Campaign State	DATE Financing utlon.	Àdded	O May Be
9. This corpor Tax filing re (See criteri	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.	of late of applicable. (NO FILE NOW After May 1, 2 Make Check Paya	OTE: Registered Agent signature requirements of the State	10. Election Campaign Trust Fund Contrib	DATE Financing utlon.	DIRECTORS	I to Fees
9. This corporate of the corporate of th	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.	of late of applicable. (NO FILE NOW After May 1, 2 Make Check Paya	OTE: Registered Agent signature requirements of \$150.00 (Code Fee will be \$550.00).	10. Election Campaign State	DATE Financing utlon.	DIRECTORS  Change	I to Fees S IN 11 Addition
9. This corporate filling register (See criteria) 11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AND D  OGUERRERO, JOSE L 2428 PONCE DE LEON BLVD. CORAL GABLES FL 33134  VP DEIZ, ALEXANDRA 913 CUTORRO AVENUE	FILE NOW After May 1, 2 Make Check Pays	VIII FEE IS \$150.00 2002 Fee will be \$550.0 able to Department of \$ 12. TITLE NAME STREET ADDRESS	10. Election Campaign State	DATE Financing utlon.	DIRECTORS Change Change	I to Fees S IN 11 Addition Addition
GIGNATURE	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.    OFFICERS AND D	FILE NOW After May 1, 2 Make Check Pays  Diffectors  Delete	VIII FEE IS \$150.00 VIII F	10. Election Campaign State	DATE Financing utlon.	DIRECTORS  Change	I to Fees S IN 11 Addition
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 27, 2002

SENIC CORPORATION 2428 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

Subject: SENIC CORPORATION

Reference Number:

P98000025445

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000:—

/mm

ANNUAL REPORTS SECTION