

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90201 019 ***150.00

DOCUMENT # P98000030623

1. Corporation Name
SEVEN SEAS' ORCHID CORP.

Principal Place of Business

1228 WEST AVE. #801
MIAMI BEACH FL 33139

Mailing Address

1228 WEST AVE. #801
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

65-0824617

Applied For

Not Applicable

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

2. Principal Place of Business

21 3015 GRAND AVE
Suite, Apt. #, etc.

22 SUITE 160

23 COCONUT GROVE

24 33133 25 FL

2a. Mailing Address

26 275 NORTH SHORE DR
Suite, Apt. #, etc.

27

28 MIAMI BEACH

29 33141 30 FL

9. Name and Address of Current Registered Agent

RENCK, YVES ALAIN
1228 WEST AVE. #801
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name RENCK, YVES-ALAIN

82 Street Address (P.O. Box Number is Not Acceptable)
275 NORTH SHORE DRIVE

83

84 City MIAMI BEACH FL 85 Zip Code 33141

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

RENCK PRESIDENT 4-20-99

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 RENCK, YVES ALAIN
STREET ADDRESS 1228 WEST AVE. #801
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE
NAME RENCK, BERNADETTE
STREET ADDRESS 1228 WEST AVE. #801
CITY-ST-ZIP MIAMI BEACH FL 33139

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 P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 275 NORTH SHORE DRIVE
1.4 CITY-ST-ZIP MIAMI BEACH 33141

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 275 NORTH SHORE DRIVE
2.4 CITY-ST-ZIP MIAMI BEACH 33141

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 REQUIRED RENCK PRESIDENT 4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)