

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90001 030 ***150.00

DOCUMENT # P98000044757

1. Corporation Name
SEGMA INVESTMENTS, INC.

Principal Place of Business
2201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

Mailing Address
2201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1998

4. FEI Number
65-0854290

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 4211 N. FEDERAL HWY
Suite, Apt. #, etc.

2a. Mailing Address
26 4211 N. FEDERAL HWY
Suite, Apt. #, etc.

22 City & State
23 POMPANO BEACH, FL
Zip Country
24 33064 25 USA

27 City & State
28 POMPANO BEACH, FL
Zip Country
29 33064 30 USA

9. Name and Address of Current Registered Agent

PATEL, DILIP
2201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

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]* DILIP PATEL 3/1/99
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	<input type="checkbox"/> DELETE
NAME	PATEL, DILIP	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, RAMESH	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, MEHUL	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, SURESH V.	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DILIP PATEL 3/1/99 954-564-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #