


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90226 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046289					
1. Corporation Name SEAL CONTROL, INC.					
Principal Place of Business 5236 NW 184 LANE MIAMI FL 33055			Mailing Address 5236 NW 184 LANE MIAMI FL 33055		
2. Principal Place of Business 21 131 SW 117 AVE Suite, Apt. #, etc. 22 SUITE 102 City & State 23 P. PINES FL Zip 24 33025		2a. Mailing Address 26 P.O. Box 173265 Suite, Apt. #, etc. 27 City & State 28 HIALEAH FL. Zip 29 33017-3265		3. Date Incorporated or Qualified 05/20/1998 4. FEI Number 65-0844882 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent REYES, LUISA 5236 NW 184 LANE MIAMI FL 33055					
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 <i>Luisa Reyes</i> DATE 04-20-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME REYES, LUISA 1.3 STREET ADDRESS 5236 NW 184 LANE 1.4 CITY-ST-ZIP MIAMI FL 33055 1.5 TITLE D 1.6 NAME REYES, PATRICIO 1.7 STREET ADDRESS 5236 NW 184 LANE 1.8 CITY-ST-ZIP MIAMI FL 33055 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE PRESIDENT & SECRETARY 2.2 NAME LUISA REYES 2.3 STREET ADDRESS 131 SW 117 AVE SUITE 102 2.4 CITY-ST-ZIP PEMBROKE PINES FL 33025 2.5 TITLE VICE PRESIDENT & TREASURER 2.6 NAME PATRICIO REYES 2.7 STREET ADDRESS 131 SW 117 AVE SUITE 102 2.8 CITY-ST-ZIP PEMBROKE PINES FL 33025 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 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: *Luisa Reyes* DATE 04-20-99 (954) 436-3921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)