
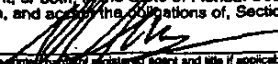


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90216 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049662					
1. Corporation Name SEMO IMPORT & EXPORT, INC.					
Principal Place of Business 256 THREE ISLANDS BLVD STE 210 HALLANDALE FL 33009			Mailing Address 256 THREE ISLANDS BLVD STE 210 HALLANDALE FL 33009		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 540 Jefferson Drive			2a. Mailing Address 540 Jefferson Drive		3. Date Incorporated or Qualified 06/01/1998
21 Suite, Apt. #, etc. 115			26 Suite, Apt. #, etc. 115		4. FEI Number 65-0844766
22 City & State Deerfield Bch FL			27 City & State Deerfield Bch FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 33442			28 Zip 33442		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country USA			29 Country USA		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent SEMO, ABRAHAM 256 THREE ISLANDS BLVD STE 210 HALLANDALE FL 33009			10. Name and Address of New Registered Agent		
			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 540 Jefferson Drive B-115		
			83 84 City Deerfield Bch FL 85 Zip Code 33442		
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  DATE 2/23/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE President NAME Abraham Semo STREET ADDRESS 540 Jefferson Dr #115 CITY-ST-ZIP Deerfield Beach, FL 33442					
TITLE <input type="checkbox"/> DELETE V. President, Secy, Treasurer NAME Laurie Semo STREET ADDRESS 540 Jefferson Dr #115 CITY-ST-ZIP Deerfield Beach, FL 33442					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 **954-725-9236**
 Date Daytime Phone #

CR2E034 (1/98)