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

Mailing Address

PROFIT CORPORATION --ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90001 015 ***150.00

DOCUMENT #	P98000096862
1 Corporation Name	. 00000000

Principal Place of Business

SEASHARE CORPORATION

444 BRICKELL AVENUE SUITE 51-450 MIAMI FL 33131	444 BRICKELL AVENUE SUITE 51-450 MIAMI FL 33131		3. Date incorporates or Qual 11/18/1998	CRITE IN THIS SPACE	Applied For
Principal Place of Business	2a. Mailing Address		4. FEI Number		Not Applicable
21	26		65-088005		75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.	A7-140-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5 Certificate of Status Desire	Fe	e Required
City & State	City & State		Election Campaign Finance Trust Fund Controlation	Add	.00 May Be ded to Fees
Zip Country 24 25 9. Name and Address of Curr	Zip 29 3 ent Registered Agent		8. This corporation owes the Personal Property Liz 10. Name and Address of No.	☐ Yes	[]No
		81 Name	christopher m.	BARUI	·
AMERILAWYER 343 ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acc. B Kell Ave	codularia i	د د
CORAL GABLES FL 33134		83		•	·
		84 City	IAMI	FL	Zip Code 33/31
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Staagent, I am familiar with, and accept the obli			ourmore support, to solution solve ours bound of directors. There ty	,	na resquadriterit
SIGNATURE Stepation, typed or product came of registered.	INDEE: I	Francisco de Aspenta contrator de gode	ed when a distance)	4115/99	
OF CASE INC.	AND DIRECTORS	1 13.		COLLICERS AND DIRE	CTORS IN 12
12. OFFICERS:	☐ DELETE	i V THILE		[]] Cha	inge 🔲 Addition
NAME BARON, CHRISTOPHER		12 NAME			
STREET ADDRESS 444 BRICKELL AVENUE		13 STREET ADDRESS			
CITY ST-ZIP MIAMI FL 33131		14 CITY+S1-ZIP			
TITLE WINDOWS TELESCOPE	☐ DELETE	2.1 111LE		Ch.	inge Addition
NAME		2.2 NAME		•	
STREET ADDRESS		2.3 STREET ADDRESS		•	
•	•	2.4 CITY+S1-ZIP			
CITY-ST-ZIP	☐ DELETE	3 1 ToTul.		Cha	ange 🔲 Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		34 City-S1-TiP			
TITLE	☐ DELETE	4 1 TITLE		Cha	angé 📋 Addition
NAME		4 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY ST ZIP			A . A
TITLE	☐ DELETE	51 TITLE		Cha	ange 🔲 Addition
NAME		5 2 NAMÉ			
		53 STREET ADDRESS			
STREET ADDRESS		54 CifY St. ZiP			4 -
CITY-S1-ZIP	☐ DELETE	61 TITLE	- W	Cn.	ange []] Addition
		6.2 NAMI:			
NAME		6.3 STREET ADDRESS			
STREET ADDRESS		64 CHY-S1-≾IP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07 (3a). Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07 (3a). Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07 (3a). Hereby certify that the information supplied with this filing does not qualify for the exemption indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal of the careful that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60.7 I fords shades, 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



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Annual Report of Sea-Share

Dear Sir:

Please find enclosed a xerox copy of the annual report for Sea-Share, Corporation. We never received our cancelled check, upon contacting the re-instatement department we were informed that it was possible that the original was lost in the mail.

We were told to include the photo-copy and a new check for \$150.00.

Thank you.

Best Regards,

Christopher M. Baron President