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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000098357

1. Corporation Name

SEAQUEST ENTERPRISES, INC.

Principal	Place of	Business

Mailing Address

7809 W. COMMERCIAL BLVD TAMARAC FL 33351

7809 W. COMMERCIAL BLVD TAMARAC FL 33351



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/18/1998 2. Principal Place of Business 2a. Mailing Address FE] Number Applied For 65-0876458 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certifcate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip This corporation owes the current year Intangible . ₩ 25 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAUCEDO, JORGE A 82 Street Address (P.O. Box Number is Not Acceptable) 7809 W. COMMERCIAL BLVD TAMARAC FL 33351 83 84 City 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE [] Change Addition 11 TITLE TITLE SAUCEDO, JORGE A 1.2 NAME 7809 W. COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33351 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change TITLE 2.1 TITLE SAUCEDO, ANA M NAME 2.2 NAME 7809 W. COMMERCIAL BLVD STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL 33351 ČTY ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY4ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 proviver 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 age

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAM

CR2E034 (11/98)