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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S03265**

1. Corporation Name

S.E.A. INTERNATIONAL NETWORK, INC.														
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]														
Principal	Place	of Business		N	Aailing Addres	s				1100000000000				
299 ALHA	MBRA	CIR		29	99 ALHAMBRA	CIR								
521 STE 521									,	DO NOT WRI	TE IN THIS	SPACE		
	CORAL GABLES FL 33134 CORAL GABLES FL 33134 US								H	3. Date Incorporate		12 114 11110	OI YOL	
US	1			U	· ·					09/26/1990	u or Quameu			
2 Princi	inal Dis	aco of Business	<u> </u>	2:	a. Mailing Add	iress	·····	-		4. FEI Number -	- ,		A	pplied For
· · · · · · · · · · · · · · · · · ·					-	POAL	٠	65-0220328			 	ot Applicable		
						535 Allison Road								Additional
22	, Apt. "			27]	, 0.0.				5. Certifcate of Stat	us Desired		T	Required
	L State			- 21	City & State	<u></u>				6. Election Campaig	n Financino		\$5.00	May Be
23 Mi						MI BEACH-FIA				Trust Fund Contr	-			to Fees
Zip	<u>. </u>	4 .	Country	-	Zip		Count	ry _		8. This corporation	owes the curr	ent year In	tangible	
24 33	14	25	USA	29	3314		30 4	15A	-	Personal Propert		•	Yes	□No
	i	7	Address of Cu	rrent Regi	stered Agent	1			·	10. Name and Addr	ess of New I	Registered	Agent	
	1						8	1 Name						
	ABAR	rrategui, siļ	LVIA P.				ا .	2 Street A	Address	(P.O. Box Number	is Not Accent	able)	····	•
	1	ALLISON RO.					"	2 300007	Auuless	(F.O. BOX NUMBER	a Not Accepte	aule)	•	
	MIAM	ii Beach Fl	33141				8	3						
	1						-						Tot 7:-	Code
							8	4 City				FŁ	85 Zip	Code
11. Purs	uant te	o the provisions	of Sections 607.	0502 and	607.1508, Flo	rida Statut	es, the abo	ve-named (corpora	tion submits this stat	ement for the	purpose of	changing it	s registered
i office		contacted agent.	or both, in the St and accept the ob	ate of Flor	ida Such cha	nge was a	ithorized t	V THE COMO	oration's	board of directors. I	hereby acce	ot the appo	intment as n	egistered
					it Section 607	7 0505 Flo	ida Statuti	25						I
j	1	n rannilai wilii, a	and accept the ob	iligations o	it, Section 607	7.0505, Flo	ida Statuti	es.						
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j	l URE		•	agent and title	e if applicable.	7.0505, Fło		es.			NGES TO OF		ND DIRECT	ORS IN 12
SIGNATI	l URE		inted name of registered	agent and title	e if applicable.	7.0505, Fło	Registered A	ent signature re		en reinstating)	NGES TO OF		ND DIRECT	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP