

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 1:56

DOCUMENT # S16616

(2)

1. Corporation Name

SEGOVIA CORP.

Principal Place of Business

**3049 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33160**

Mailing Address

**3049 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1990

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0229801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHITE, NANCY
3049 N.E. 163RD ST.
N. MIAMI FL 33160**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(If 21E Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SREDNI, ERWIN
STREET ADDRESS	3401 N.E. 165TH ST.
CITY - ST - ZIP	N MIAMI BCH FL 33160
TITLE	VP
NAME	SREDNI, ISAAC
STREET ADDRESS	4000 WMS ISL BLVD #406
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change ☒ Addition
1.2 NAME	SREDNI, ERWIN	
1.3 STREET ADDRESS	3049 N.E. 163 ST	
1.4 CITY - ST - ZIP	N. MIAMI BCH, FL 33160	
2.1 TITLE	D/S	☐ Change ☒ Addition
2.2 NAME	SREDNI, ISAAC	
2.3 STREET ADDRESS	3049 N.E. 163 ST	
2.4 CITY - ST - ZIP	N. MIAMI BCH, FL 33160	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (b)(8)(A), Florida Statutes. Further, I certify that the information indicated on this annual report is supplemental annual report and accounts 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 for the recovery 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

3/16/95

Date

(305) 945-0405

Telephone Number