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

**FILED** May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S16616 (2) SEGOVIA CORP. Principal Place of Business Mailing Address 3049 N.E. 163RD STREET 3049 N.E. 163RD STREET NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/06/1990</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65:0229801 21 Not Applicable Sulte, Apt. #, etc. Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due Jurie 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WHITE, NANCY 3049 N.E. 163RD ST. 82 N. MIAMI FL 33160 83 City North 84 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. Thereby accept the appointment as registered agent. I am familiar with, and page the obligations of, Section 607.0505, Florida Statutes. Signature, typico or printed namio of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE TITLE SREDNI, ERWIN NAME 1.2 NAME 2875 NE 191, St. PH-1 3049 NE 163RD ST STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH FL Aventura F1 33180 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE X Change Addition 2.1 THILE SREDNI, ISAAC NAME 2.2 NAME 3049 NE 163 ST 2.3 STREET ADDRESS STREET ADDRESS N MIAMI BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDR **6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

ed, or on an atlachment with an address

applied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 alion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in