

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 DEC 30 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/12/00--01012--009



REINSTATEMENT

99

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S37199

1. Corporation Name
SENACLE'S CORP.

Principal Place of Business
630 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address
630 LINCOLN ROAD
MIAMI BEACH FL 33139

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified

03/12/1991

4. FEI Number

65-0258375

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

MORANZONI, MASSIMO
630 LINCOLN ROAD
MIAMI BEACH FL 33139

81 Name MASSIMO MORANZONI
82 Street Address (P.O. Box Number is Not Acceptable) 440 14TH STREET #5
83 MIAMI BEACH FL 33139
84 City MIAMI BEACH FL 33139
85 Zip Code 33139

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26/99

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MORANZONI, MASSIMO
STREET ADDRESS	630 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	V
NAME	VALDIVIESO, EMILIO
STREET ADDRESS	630 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33139
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	VP MAURO SERGIO PEREIRA DE BRITO
1.2 NAME	2000 ISLAND BLVD #2104
1.3 STREET ADDRESS	WILLIAMS ISLAND FL 33160
1.4 CITY-ST-ZIP	
2.1 TITLE	VP STEFANO MONTI
2.2 NAME	2625 COLLINS AVE #1409
2.3 STREET ADDRESS	MIAMI BEACH FL 33130
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P MASSIMO MORANZONI
5.2 NAME	440 14ST. #5
5.3 STREET ADDRESS	MIAMI BEACH FL 33139
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/1999 (305) 6731858

Date

Daytime Phone #

KE