FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45605 (0)

1. Corporation Name
SEDA OF AMERICA, INC.

Principal Place of Business	Mailing Address
5577 64TH WAY N. ST. PETERSBURG FL 33709 US	P.O. BOX 1456 LARGO FL 34649 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0257206 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAUR, THOMAS 100 N. BISCAYNE BLVD 21ST FLOOR MIAMI FL	81 Name: BARBER, JOHN 82 Street Address (P.O. Box Number is Not Acceptable): 7455 38th AVENUE N 83 ST. PETERSBURG 84 City: ST. PETERSBURG FL 85 Zip Code: 33710

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] 4/27/95
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DAGN, JOSEF	1.2 NAME	
STREET ADDRESS	SCHWENDTER STR. 10	1.3 STREET ADDRESS	
CITY, ST, ZIP	KOESSEN, AUSTRIA	1.4 CITY, ST, ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	PIETROMONACO, ROSEMARIE	2.2 NAME	
STREET ADDRESS	33 ARGYLE PL	2.3 STREET ADDRESS	
CITY, ST, ZIP	SMITHTOWN NY	2.4 CITY, ST, ZIP	
TITLE	MD	3.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, BARRY A.	3.2 NAME	
STREET ADDRESS	7524 HARBOR VIEW WAY N.	3.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 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] April 6, 1995 (516)224-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROSEMARIE PIETROMONACO VTS

0480080 FP