

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 9:20

DOCUMENT # V38360 (6)

1. Corporation Name
SEMIRAMS, INC.

Principal Place of Business
**3413 MAIN HWY
COCONUT GROVE FL 33133**

Mailing Address
**3413 MAIN HWY
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1992** 3a. Date of Last Report **07/06/1994**

4. FEI Number **65-0335650** 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

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

9. Name and Address of Current Registered Agent

**ALBERT LLODRA LLODRA & ASSOCIATES P.A.
7593 NW 6TH STREET
SUITE 5
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **Ingrid Hoffman**
82 Street Address (P.O. Box Number is Not Acceptable) **3413 Main Hwy**
83
84 City **Coconut Grove** FL 85 Zip Code **33133**

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 corporation required if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HOFFMANN, INGRID
STREET ADDRESS	284 LAS BRISAS CT
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DVT
NAME	HOFFMAN, YOLANDA I I
STREET ADDRESS	284 LAS BRISAS CT
CITY - ST - ZIP	CORAL GABLES FL
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

11 TITLE	☒ Change ☐ Addition
12 NAME	Ingrid Hoffman
13 STREET ADDRESS	3413 Main Hwy
14 CITY - ST - ZIP	Coconut Grove, FL 33133
21 TITLE	☒ Change ☐ Addition
22 NAME	Yolanda Hoffman
23 STREET ADDRESS	3413 Main Hwy
24 CITY - ST - ZIP	Coconut Grove, FL 33133
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), 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:

SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature (Print Name)