

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 14 1998 8:00am  
Secretary of State

DOCUMENT # V38360  
1. Corporation Name

SEMIRAMIS INC.

Principal Place of Business

Mailing Address

3403 MAIN HIGHWAY  
COCONUT GROVE  
FL 33133-5915

Same

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

5-22-92

4. FEI Number

65-0335650

Applied For

Not Applied

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 or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRID HOFFMAN  
3403 MAIN HIGHWAY  
COCONUT GROVE  
FL 33133-5915

81 Name

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

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PS INGRID HOFFMAN

STREET ADDRESS 3403 MAIN HIGHWAY

CITY-ST-ZIP COCONUT GROVE FL 33133-

TITLE ☐ DELETE

NAME VT. Yolanda HOFFMAN

STREET ADDRESS 3403 MAIN HIGHWAY

CITY-ST-ZIP COCONUT GROVE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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: *Yolanda Hoffman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173080

4/23/1998 305-448-9299

**Ramon Gomez C.P.A., P.A.**

CERTIFIED PUBLIC ACCOUNTANT

782 N.W. LE JEUNE RD. - SUITE 447 - MIAMI, FLORIDA 33126

TEL: (305) 447-0400 - FAX: (305) 447-9101

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TO: Sermiramis Inc

DATE: 4/23/1998

**INSTRUCTIONS FOR FILING THE ATTACHED TAX RETURN**

<b>RETURN ENCLOSED</b>	<b>FORM#</b> ANNUAL REPORT <b>YEAR</b> .....1998 <b>F.Y.E.</b> .....
<b>TO BE SIGNED AND DATED BY</b>	<input type="checkbox"/> TAXPAYER <input checked="" type="checkbox"/> AN OFFICER <input type="checkbox"/> AFFIX CORPORATE SEAL <input type="checkbox"/> TAXPAYER AND SPOUSE <input type="checkbox"/> ANY PARTNER <input type="checkbox"/> NOTARIZATION <input type="checkbox"/> ..... (PLEASE SIGN AND DATE WHERE "X" APPEARS. ALSO SIGN AND DATE RETAINED COPY FOR RECORD PURPOSES.)
<b>AMOUNT OF TAX</b> <input type="checkbox"/> NONE	<input type="checkbox"/> THIS IS A YEAR-END RETURN. Your estimated payments amounted to \$..... Your balance is due, as follows: With Return Due on: <u>4/30</u> 19 <u>98</u> \$ <u>150.00</u> Balance on .....19..... \$.....
<b>MAKE CHECK PAYABLE TO</b>	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input checked="" type="checkbox"/> DEPARTMENT OF STATE <input type="checkbox"/> Your authorized commercial bank depository of Federal Reserve Bank. Deposit check with bank before due date, accompanied by appropriate coupon. Mark type of tax .....
<input type="checkbox"/> MAIL RETURN ONLY, TO: <input type="checkbox"/> MAIL RETURN AND CHECK, TO:	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input type="checkbox"/> AT: DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500
<b>DUE DATE</b>	APRIL 30, 1998
<b>OVER- PAYMENT</b>	YOUR RETURN SHOWS AN OVERPAYMENT OF \$ ..... WE HAVE INDICATED ON THE RETURN THAT SUCH AMOUNT <input type="checkbox"/> \$ ..... WILL BE APPLIED AGAINST YOUR ESTIMATED TAX FOR ..... <input type="checkbox"/> \$ ..... IS TO BE REFUNDED TO YOU AUTOMATICALLY.
<b>REMARKS</b>	