

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 16 AM 9:12

DOCUMENT # **V49480** (9)

1. Corporation Name  
**SEMARY EXPORT, INC.**

Principal Place of Business Mailing Address  
**850 NW 42ND AVE. 850 NW 42ND AVE.  
MIAMI FL 33126 MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/10/1992 05/01/1994**

4. FEI Number Applied For  
**65-0353250 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**FORMOSO-MURIA, HECTOR  
1401 BRICKELL AVE.  
SUITE 730  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **NILZA GARCIA**  
82 Street Address (P.O. Box Number is Not Acceptable) **850 NW 42ND AVE**  
83  
84 City **MIAMI** 85 Zip Code **FL 33126**

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]* **NILZA GARCIA** 06/06/95  
Signature typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>MARTINEZ, JUAN MANUEL</b>
STREET ADDRESS	<b>850 NW 42ND AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>GARCIA, SERAFIND</b>
STREET ADDRESS	<b>850 NW 42ND AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>FORMOS-MURIAS, HECTOR</b>
STREET ADDRESS	<b>1101 BRICKELL AVE STE 1900</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NILZA GARCIA</b>
3.3 STREET ADDRESS	<b>850 NW 42ND AVE</b>
3.4 CITY - ST - ZIP	<b>MIAMI, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:  *[Signature]* 06/06/95 305-460-7232  
Signature typed or printed name of signing officer or director. Date. Telephone #

CR2E034 (3/95)