

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V49689**

(5)

1. Corporation Name:

U.S. SEABREEZE CORP.

MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

218 COMMERCIAL BLVD.
SUITE 204
FT. LAUDERDALE FL 33308
US

Mailing Address

218 COMMERCIAL BLVD.
SUITE 204
FT. LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

03/31/1994

4. FEI Number

65-0362698

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. 199.037,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

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

SHAHSAVANDI, HOSSEIN
218 COMMERCIAL BLVD.
SUITE 204
FT. LAUDERDALE FL 33308

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.3601 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

(If the Agent is not the President or Secretary, attach a letter of appointment.)

(If the Registered Agent is not the President or Secretary, attach a letter of appointment.)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP

PSD
SHAHSAVANDI, HOSSEIN
218 COMMERCIAL BLVD.
FT LAUDERDALE FL
VTD
HOECHERL, HERMANN
218 COMMERCIAL BLVD.
FT LAUDERDALE FL

1. NAME
1. STREET ADDRESS
1. CITY, STATE, ZIP
2. NAME
2. STREET ADDRESS
2. CITY, STATE, ZIP
3. NAME
3. STREET ADDRESS
3. CITY, STATE, ZIP
4. NAME
4. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
5. STREET ADDRESS
5. CITY, STATE, ZIP
6. NAME
6. STREET ADDRESS
6. CITY, STATE, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, not equally for the corporation stated in Sections 119.01(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my signature were that of an officer or director of the corporation or the president or secretary of the corporation as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ps. H. Shahsavandi