

**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. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V53892 (8)**  
1. Corporation Name  
**SES GROUP BROKERAGE SERVICE, INC.**

**FILED**  
1995 JUL 27 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**9330 FONTAINEBLEAU BOULEVARD SECOND FLOOR MIAMI FL 33172 US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/27/1992 06/01/1994**  
4. FEI Number Applied For  
**65-0382819** Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6.  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 19B.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RICE, RONALD G JR  
9330 FONTAINEBLEAU BULEVARD  
SECOND FLOOR  
MIAMI FL 33172**

10. Name and Address of New Registered Agent  
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 his or her address. (607) Registered Agent signature required when resigning. (607)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MELISSA A	12 NAME	
STREET ADDRESS	9330 FONTAINEBLEAU BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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: *Melissa A. Rice* 7-2-95 (305) 223.1602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)