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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 2:10

DOCUMENT # **565497** **(5)**

1. Corporation Name

S.E.L. MADURO (FLORIDA), INC.

Principal Place of Business	Mailing Address
1080 PORT BLVD PO BOX 011470 (ZIP 33101) MIAMI FL 33132	1080 PORT BLVD PO BOX 011470 (ZIP 33101) MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1978
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1040 Port Boulevard	26 P.O. Box 011470
Suite, Apt. #, etc. 22 Suite 401	Suite, Apt. #, etc. 27
City & State 23 Miami, FL [illegible]	City & State 28 Miami, FL [illegible]
Zip 24 33132 Country 25 U.S.A.	Zip 29 33101 Country 30 U.S.A.

4. FEI Number: 59-1804243 ☐ 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

9. Name and Address of Current Registered Agent

MCGOVERN, JACK
1080 PORT BLVD
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: Timothy J. Armstrong, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Armstrong & Mejer
83 2600 Douglas Road, Suite 1111
84 City: Coral Gables FL 85 Zip Code: 33134

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] Timothy J. Armstrong March 23, 1995
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 IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN DER KWAST, HENRY	1.2 NAME	
STREET ADDRESS	MADURO PLAZA,WILLEMSTAD	1.3 STREET ADDRESS	
CITY ST ZIP	CURACAO,NETHERLANDS AN	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition delete: P
NAME	MCGOVERN, JACK	2.2 NAME	Jack McGovern
STREET ADDRESS	1080 PORT BLVD	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANDAO, VIC	3.2 NAME	
STREET ADDRESS	1040 PORT BLVD., #401	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	SOUSA, KENNETH G	4.2 NAME	
STREET ADDRESS	1040 PORT BLVD #401	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 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: [signature] Kenneth G. Sousa 3/22/95 305-371-4581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

0133676 CP