

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000102100

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC7332078172**

**Entity Name:** SEPIM INC

**Current Principal Place of Business:**

C/O LUIS R AVELLO PA7400 SW 50 TERR  
SUITE 301  
MIAMI, FL 33155

**Current Mailing Address:**

C/O LUIS R AVELLO PA 7400 SW 50 TERR  
SUITE 301  
MIAMI, FL 33155 US

**FEI Number:** 45-3957357

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PELANDA, ENZO A  
7400 SW 50 TERR  
SUITE 301  
MIAMI, FL 33155 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PELANDA, ENZO A  
Address 7400 SW 50 TERR SUITE 301  
City-State-Zip: MIAMI FL 33155  
  
Title ASST SECT  
Name AVELLO, LUIS R  
Address C/O LUIS R AVELLO PA 7400 SW 50  
TERR  
SUITE 301  
City-State-Zip: MIAMI FL 33155

Title VPS  
Name PELANDA, SERGIO  
Address 7400 SW 50 TERR SUITE 301  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AVELLO LUIS

ASST SE

01/08/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date