

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 27 1996 8:00 am  
Secretary of State

DOCUMENT # 301990 (8)

1. Corporation Name  
**SOUTHERLAND INVESTMENTS, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US		ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US		02/15/1966	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1160701	Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**FRIEDLANDER, BRUCE D.**  
ONE SE THIRD AVE  
SUITE 1101  
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DV	PAPPAS, TIMOTHY D ONE SE THIRE AVE 11TH FLOOR MIAMI, FL 00000	12. NAME	
D	PAPPAS, MICHAEL I ONE SE THIRD AVE 11TH FLOOR MIAMI, FL 00000	13. STREET ADDRESS	
DPT	SHAW, RAY M ONE SE THIRD AVE 11TH FLOOR MIAMI, FL 00000	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVS	PAPPAS, THEODORE J ONE SE THIRD AVE 11TH FLOOR MIAMI, FL 00000	2. TITLE	
		22. NAME	
		23. STREET ADDRESS	
		24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. TITLE	
		32. NAME	
		33. STREET ADDRESS	
		34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. TITLE	
		52. NAME	
		53. STREET ADDRESS	
		54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. TITLE	
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

700001798567  
-04/29/96--01043--031  
\*\*\*200.00

28  
4.27

SIGNATURE: **TIMOTHY D. PAPPAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (305) 371-3592  
Daytime Phone #

CR2E034 (12/95)