

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 AM 10:48

DOCUMENT # **349392** (1)

1. Corporation Name  
**SOUTH FLORIDA INDUSTRIES, INC**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480</b>	Mailing Address <b>316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480</b>
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3. Date incorporated or Created <b>07/11/1969</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-1278566</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CARSON, DONALD W.  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FANJUL, ALFONSO
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL
TITLE	TVD
NAME	FANJUL, JOSE
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL
TITLE	VD
NAME	RECIO, ALBERTO
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL
TITLE	VD
NAME	CARSON, DONALD W
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL
TITLE	V
NAME	FANJUL, ALEXANDER
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL
TITLE	VS
NAME	VALDIVIA, JOSE F., JR.
STREET ADDRESS	316 ROYAL POINCIANA PLZ
CITY - ST - ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 person or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: Jose F. Valdivia, Jr. **Jose F. Valdivia, Jr., Esq.**  
Vice President/Secretary **407-655-6303**