

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 349392 (1)

1. Corporation Name
SOUTH FLORIDA INDUSTRIES, INC



Principal Place of Business 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1969	
21 Sulte, Apt. #, etc.	22 City & State	25 Sulte, Apt. #, etc.	26 City & State	4. FEI Number 59-1278566	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	D/CEO/C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	1.2 NAME	correction
STREET ADDRESS	316 ROYAL POINCIANA PLZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	33480
TITLE	DVCO <input type="checkbox"/> DELETE	2.1 TITLE	D/VC/P/COO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	33480
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	2000025012501 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECIO, ALBERTO	3.2 NAME	-04/27/98-01072-011
STREET ADDRESS	316 ROYAL POINCIANA PLZ	3.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	33480
TITLE	DEVA <input type="checkbox"/> DELETE	4.1 TITLE	D/Exec.V/AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DONALD W	4.2 NAME	correction
STREET ADDRESS	316 ROYAL POINCIANA PLZ	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	33480
TITLE	EV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALEXANDER	5.2 NAME	JC 4/27
STREET ADDRESS	316 ROYAL POINCIANA PLZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	33480
TITLE	VSD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, JOSE F., JR.	6.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	(See Attachment For Continuation) 33480

14. I hereby certify that the information supplied with this filing 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.

CP2E034 (10/97)