

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26, 1996 08:00 AM
Secretary of State

DOCUMENT # P94000092308 (3)

1. Corporation Name

SOUTH EXCHANGE, INC.



Principal Place of Business

Mailing Address

~~2843 SO. BAYSHORE DRIVE UNIT 7A
COCONUT GROVE FL 33133~~

1231 MADRID STREET
CORAL GABLES FL 33134

Changed to:

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
10/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **100 North Biscayne Blvd.**

26 **SAME AS ABOVE**

4. FEI Number

~~APPLIED FOR 65-061-5397~~

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite 102

27 Suite, Apt. #, etc.

23 City & State

Miami, Florida

28 City & State

24 Zip

33131

25 Country

-

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**BIANCO-REYES, MARILYN
1231 MADRID STREET
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature (typed or printed name of registered agent if not applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PTSD**
STREET ADDRESS **ANSPACH, SILVIO R**
CITY-ST-ZIP **2843 SO. BAYSHORE DRIVE #7A
COCONUT GROVE FL 33133**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

600001796896
-04/26/96--01094--034
*****200.00**

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silvio Roberto Anspach

4/20/96

(305) 443-2587

Date

Secretary of State

CR2E034 (1/2/95)

Handwritten initials/signature