

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

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5/11/95 - 1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **202484** (2)

1. Corporation Name
SOUTH DADE UTILITIES, INC.

Principal Place of Business: **700 NW 107TH AVENUE MIAMI FL 33172**
Mailing Address: **700 NW 107TH AVENUE MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1957** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0810526** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has elected to incorporate as a corporation under Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**WATSKY, MORRIS J. ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address, P.O. Box Number, if Not Applicable: _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as registered agent in part or in full of 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 Florida Statutes, Chapter 607.

12. OFFICERS AND DIRECTORS: 13. ADDITIONAL CHANGES TO THE LIST OF OFFICERS AND DIRECTORS:

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY	STATE	ZIP	ADDITIONAL CHANGES
1	CPD MILLER, LEONARD	700 NW 107TH AVENUE MIAMI, FL 00000				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2	VD BOLOTIN, IRVING	700 NW 107TH AVENUE MIAMI, FL 00000				<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	DS COLE, ROBERT B	700 NW 107TH AVENUE MIAMI, FL 00000				<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	VD PEKOR, ALLAN J	700 NW 107TH AVENUE MIAMI, FL 00000				<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	AS SIERRA, KATHLEEN E.	700 N.W. 107 AVENUE MIAMI FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	T SALEDA, ME	700 NW 107TH AVENUE MIAMI, FL 00000				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information required with this filing is voluntary, accurate and shows full quality for the requirements stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information made part of the annual report or CPD annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the person authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Article 6 of the Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE: *Kathleen E. Sierra* Kathleen E. Sierra 4/14/95 (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR