

23 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

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**

3. Date Incorporated or Qualified: **05/13/1957** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0810526** Applied For: Not Applicable
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

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: **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 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 and title, if applicable: _____ (201) Registered Agent signature required when reappointing: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MILLER, STUART A.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 700 NW 107TH AVENUE	CITY-ST-ZIP: MIAMI, FL 00000	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: VD	NAME: BOLOTIN, IRVING	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 700 NW 107TH AVENUE	CITY-ST-ZIP: MIAMI, FL 00000	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: DS	NAME: COLE, ROBERT B	2.3 STREET ADDRESS:	
STREET ADDRESS: 700 NW 107TH AVENUE	CITY-ST-ZIP: MIAMI, FL 00000	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE:	500001811175
TITLE: VD	NAME: PEKOR, ALLAN J	3.2 NAME:	-05/07/96--01089--010
STREET ADDRESS: 700 NW 107TH AVENUE	CITY-ST-ZIP: MIAMI, FL 00000	3.3 STREET ADDRESS:	***200.00
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: SIERRA, KATHLEEN E.	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 700 N.W. 107 AVENUE	CITY-ST-ZIP: MIAMI FL	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	900001809709
TITLE: T	NAME: SALEDA, ME	4.4 CITY-ST-ZIP:	-05/06/96--91349--010
STREET ADDRESS: 700 NW 107TH AVENUE	CITY-ST-ZIP: MIAMI, FL 00000	5.1 TITLE:	***200.00
	<input type="checkbox"/> DELETE	5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	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)(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 in an attachment with an address.

SIGNATURE: *Kathleen E. Sierra* Kathleen E. Sierra Date: **4/4/96** (305) 229-6400

CR2E034 (12/95)