

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90246 023 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 202484**

1. Corporation Name  
**SOUTH DADE UTILITIES, INC.**



Principal Place of Business  
 760 NW 107TH AVE  
 MIAMI FL 33172  
 US

Mailing Address  
 760 NW 107TH AVE  
 MIAMI FL 33172  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1957**

4. FEI Number  
**59-0810526**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
**Suite 300**  
 City & State  
 23  
 Zip  
 24  
 Country  
 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
**Suite 300**  
 City & State  
 28  
 Zip  
 29  
 Country  
 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RUBIN, SHELLY**  
 760 NW 107TH AVE  
 MIAMI FL 33172

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 300**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DC	MILLER, STUART A. 700 NW 107TH AVENUE MIAMI, FL 00000	<input type="checkbox"/> DELETE	
D	MILLER, LEONARD 760 NW 107TH AVE MIAMI, FL 00000 33172	<input type="checkbox"/> DELETE	
V	RUBIN, SHELLY 760 NW 107TH AVE MIAMI, FL 00000 33172	<input type="checkbox"/> DELETE	
DCEO	SAIONTZ, STEVEN J. 760 NW 107TH AVE MIAMI, FL 00000 33172	<input type="checkbox"/> DELETE	
AS	MCMICKLE, J. T. 760 NW 107TH AVE MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE	
T	JORDAN, MARGARET 760 NW 107TH AVE MIAMI, FL 00000 33172	<input type="checkbox"/> DELETE	
		1.1 TITLE	1.2 NAME
		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: MARGARET JORDAN, TREAS. Date: 4/26/99 Daytime Phone #: 305 485 2000

CR2E034 (11/98)