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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO(

(9)

FILED Feb 25 1997 8:00am Secretary of State

SOUTHEAST GROUP CORP.

| Principal Place of Business Mailing Address 10361 SW 13TH STREET 10361 SW 13TH STF SUITE 1 SUITE 1 | | | | | |
|---|---|--------------------------------------|------------------------------------|---|--|
| MIAMI FL 33174 US | | MIAMI FL 33174-2714 US | | 3. Date Incorporated or Qualifi 06/19/1980 | ied 3a. Date of Last Report 04/25/1996 |
| h | race of Business | 2a, Mailing Address | | 4. FEI Number 59-2097091 | Applied For |
| Suito, Apt. #, etc | | Surle, Apt. #, etc. | | 5. Certificate of Status Desired | Not Applicable \$8.75 Additional |
| City & State | | City & State | City & State | | Fee Hequired |
| 23 | | 28 | | 6. Election Campaign Financin Trust Fund Contribution | Added to Fees |
| Z ₁ p | Country 25 | Ζιρ [29] | Country 30 | This corporation has liability Florida Statutes | for intangible tax under s. 199.032, |
| | 9. Name and Address of Curre | | 1301 | 10. Name and Address of Nev | |
| BOL | ANOS, TRUXTON & YOUNGS, | P.A. | 81 Name | | ······································ |
| 2121 PONCE DE LEON BOULEVARD | | | 82 Street Add | iress (P.O. Box Number is Not Acce | otable) |
| SUITE 1035 | | | | | p.a.b.dy |
| COF | RAL GABLES FL 33134 | | 83 | | |
| | | | 84 City | ************************************** | FL 85 Zip Code |
| 11. Pursaant | to the provisions of Sections 607.050 | 02 and 607 1508, Flonda Statut | es. the above-named cor | poration submits this statement for t | he nurnose of changing its registered |
| I office oct | egistered agent, or both lin the State m familiar with, and accept the oblig | : of Florida. Such change was : | authorized by the corpora | tion's board of directors. I hereby a | ccept the appointment as registered |
| SIGNATURE | The wife with the company the company | Juliona 6 , Eddinori 661 .6565, 1 ii | oniza otatotos. | | |
| DIGITATION | Signor is type once pented name of regulared ag | ortano (he if applicable (NOT | E: Registered Agent signature requ | ired when reinstaling) | DATE |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO O | FFICERS AND DIRECTORS IN 12 |
| TITLE | VASD | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAM! | CLAVIJO, ANA B. | | 1.2 NAME | | |
| STREET ADDRESS | 10361 SW 13TH STREET | | 1.3 STREET ADDRESS | | |
| CHTY - ST - ZIP | MIAMI FL 33174 | Driere | 1.4 CITY-ST-ZIP | ······································ | |
| TITLE | VPAS | DELETE | 2.1 TITLE | | L Change L Addition |
| NAME | BUIGAS, ELENA M. 10361 SW 13TH STREET | | 2.2 NAME | | |
| STREEF ACIDRESS | MIAMI FL 33174 | | 2.3 STREET ADDRESS | | |
| CHTY-S1-76* | D | DELETE | 2.4 CITY-ST-ZIP | | Change Addition |
| NAM: | BUIGAS, ELENA R. | C VICEIC | 3.1 TITLE 3.2 NAME | | Change Addition |
| nav: Street address | 10361 SW 13TH STREET | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-7IP | MIAMI FL 33174 | • | 3.3 STREET ADDRESS | | 1 |
| 101.6 101.6 | ************************************** | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | La contra | 4. 2 NAME | | Shango (Lad Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CFTV - ST - Zr2 | | | 4.4 CITY - ST - ZIP | | |
| Till,F | | DELETE | 51 TITLE | | Change Addition |
| NAME | | ***** | 5.2 NAME | • | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - 7IP | | | 5.4 CITY-ST-ZIP | | |
| THEF | ************************************** | ☐ DELETE | 61 TITLE | | Change Addition |
| NAME : | | | 62 NAME | | <u> </u> |
| STHEET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY ST-76 | | | 6.4 CITY - ST - ZIP | | Į |

14. I do hereby certify that the information supplied with this filing ooes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information into called 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:

Ana B. Clavip 2/20/97