

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90039 020 ****70.00

DOCUMENT # 710738

1. Corporation Name

SOUTHERN CLASSIC CONDOMINIUM, INC.

Principal Place of Business

**1140 71 STREET
MIAMI BCH. FL 33141
US**

Mailing Address

**1140 71 STREET
#2
MIAMI BEACH FL 33141
US**

172783-90039-20 3 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/19/1966

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1717926

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LA TORRE, PAUL
1140 71 STREET #2
MIAMI BEACH FL 33141**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **GOLDBERG, PHILIP**
CITY-ST-ZIP **2433 NW 118TH TERR
CORAL SPRINGS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VSD ☒ Change ☐ Addition

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **BARR, SAMUEL**
CITY-ST-ZIP **1140 71 STREET #8
MIAMI BEACH FL 33141**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD ☐ Change ☒ Addition

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **HERRERA, MARGARITE**
CITY-ST-ZIP **1140 71 STREET #6
MIAMI BEACH FL 33141**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **DE LA TORRE, PAUL**
CITY-ST-ZIP **1140 71 STREET #2
MIAMI BCH. FL 33141**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VTD ☒ Change ☐ Addition

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **GOLDBERG, FELANA**
CITY-ST-ZIP **2433 NW 118 TERRACE
CORAL SPRINGS FL 33065**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

PAUL DE LA TORRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99
Date

305-866-3878
Daytime Phone #

CR2E037 (11/98)