SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** F05118 (7) SOUTHERN EQUITY, INC. Mailing Address Principal Place of Business 5900 S.W. 108TH STREET 5900 S.W. 108TH STREET MIAMI FL 33156 MIAMI FL 33156 3a. Date of Last Report 3. Date Incorporated or Qualified 11/12/1980 04/28/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-2046907 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State ded to Fees Trust Fund Contribution 28 23 nder st. 190.032, This corporation has liability for intangible tax Country Zip Zip Yes [i] Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRIDGES, ROGER A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 334 MINORCA AVENUE, SUITE 200 **CORAL GABLES FL 33134** 83 85 Zip Code 84 City 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: (taOf) - hargutered Agent signature regions (when rengtating) Signal relitype tion, ented more of migrational a period title diapproabile ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 11116 TITLE CR2E034 1.2 NAME SEIFER, MELISSA NAME 5900 S.W. 108 STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 1.4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 Cilly - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 L TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE STULE TITLE 5.2 NAME NAME 5.3 STREST ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7/P CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 direct of other 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 flock 13 if changed, oppn an attachment with an address.

SIGNATURE: