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 # **F95000000219 (4)**

1. Corporation Name
SOUTH CAPITAL COMPANY, INC.

Principal Place of Business
1401 BRICKELL AVE.
SUITE 660
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVE.
SUITE 660
MIAMI FL 33131

3. Date Incorporated or Qualified: **01/12/1995**
3a. Date of Last Report: NONE

2. Principal Place of Business
21 1999 BROADWAY
22 Suite, Apt. #, etc.
23 City & State: HEWLETT, NY
24 Zip: 11557
25 Country: NASSAU

2a. Mailing Address
26 1999 BROADWAY
27 Suite, Apt. #, etc.
28 City & State: HEWLETT NY
29 Zip: 11557
30 Country: NASSAU

4. FEI Number: **11-3034275** — 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

9. **Name and Address of Current Registered Agent**
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 new registered agent, if applicable) (NOTE: Registered Agent's signature required when new agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BUTELER, GABRIEL	
STREET ADDRESS	AVE. L.N. ALEM 822-6' PISO	
CITY-ST-ZIP	1001 BUENO AIRES, ARGENTINA	
TITLE	V	☐ DELETE
NAME	BADARACO, CARLOS	
STREET ADDRESS	1401 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STD	☐ DELETE
NAME	RAMOS, JUAN PERALTA	
STREET ADDRESS	1401 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	110 MERRICK WAY, SUITE 3A	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	AVE. L.N. ALEM 822 - 6' PISO	
3.4 CITY-ST-ZIP	1001 BUENOS AIRES, ARGENTINA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 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 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: [signature] 3-15-96 516 495 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)