1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| DOC | JMEN | IT# | G22 | 934 |
|-----|------|-----|-----|-----|

Corporation Name

SOUTH POINT PRODUCTS INC.

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90164 050 \*\*\*158.75



|   |  |   |               |          | ——                | i 1884liti Bülü (1818 tileta tatan atau at   |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |  |
|---|--|---|---------------|----------|-------------------|--|----------------|---|------------|--|
| Principal Place of Business Mailing Address |  |   |               |          |                   |  |                |   |            |  |
| 111 S.W. 3RD ST., STE 600<br>MIAMI FL 33152 |  | 111 S.W. 3RD ST STE 600<br>Miami Fl 33152 |               |          | DO NOT WRITE IN T | LIC SPACE  | :              |   |            |  |
|   |  |   |               |          |                   | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed                               |                |   |            |  |
|   |  |   |               |          | '                 | 02/08/1983   |                |   | \          |  |
|   |  |   |               |          |                   | 4. FEI Number  |                | Appli                                   | ed For     |  |
| 2. Principal Pla                            | ace of Business  | 2a. Mailing Address                       |               |          |                   | 59-2256052   | / F            |   | Applicable |  |
| 21  |  | 26  |               |          |                   | . /  | \$8.           | 75 Ad                                   |            |  |
| Suite, Apt.                                 | #, etc.  | Suite, Apt. #, etc.                       |               |          |                   | 5. Certifcate of Status Desired  |                | e Requ                                  |            |  |
| 22  |  | 27  |               |          |                   | - Floriba Compaign Financing   | \$5            | .00 м                                   | av Be      |  |
| City & State                                | e  | City & State                              |               |          |                   | 6. Election Campaign Financing Trust Fund Contribution                                     |                | ided to                                 | • 1        |  |
| 23  |  | 28  | Count         |          |                   | 8. This corporation owes the current year  | r Intangible   |   |            |  |
| Zip   | Country  | Zip                                       | _ Counti<br>□ | ıy       |                   | Personal Property Tax.   | [ <b>V</b> Yes | ; [                                     | ∐No ]      |  |
| 24  | 25   | 29  | <u> </u>      |          |                   | 10. Name and Address of New Registe  | red Agent      |   |            |  |
|   | 9. Name and Address of Curr  | ent Registered Agent                      | -             | 11 N     | Name              | 10. Haine and statement  |                |   |            |  |
|   | DIA ELLIATT  |   | ľ             | - 1      |                   |  |                |   |            |  |
| HAR   | RIS, ELLIOTT   | `   | 8             | 2 8      | Street Addre      | ss (P.O. Box Number is Not Acceptable)   |                |   |            |  |
|   | S. W. THIRD STREET, STE 60   | J   | L             |          |                   |  |                |   |            |  |
| MIAN  | VII FL 33130   |   | 8             | 33       |                   | _  |                |   |            |  |
|   |  |   | 8             | 34 (     | City              |  | FL 85          | Zip Co                                  | ode        |  |
|   |  |   |               | - 1      | -                 | oration submits this statement for the purporn's board of directors. I hereby accept the a |                | na ita r                                | ogietered  |  |
| office or r<br>agent. I a<br>SIGNATURE      | registered agent, or both, in the sta<br>am familiar with, and accept the obli | gations of, Section 607.0505, Florid      | la Statut     | es.      |                   | when reinstating) DA*  | Ē.             |   |            |  |
|   | Signature, typed or printed name of registered                                 |   | 13.           | gan on   | ignotatio require | ADDITIONS/CHANGES TO OFFICER   | S AND DIR      | ECTO                                    | RS IN 12   |  |
| 12.   | ·  | AND DIRECTORS                             | 1.1 TITL      | F        |                   |  | C              | hange                                   | ☐ Addition |  |
| TITLE                                       | D  | C Deceie                                  | 1.2 NAM       | _        |                   |  |                |   | }          |  |
| NAME  | URREA, OSCAR   |   |               |          | DDRESS            |  |                |   | ļ          |  |
| STREET ADDRESS                              |  |   |               |          | 1                 |  |                |   |            |  |
| CITY-ST-ZIP                                 | MIAMI FL   |   | 1.4 CITY      |          |                   |  | c              | hange                                   | ☐ Addition |  |
| TITLE                                       | S  | ☐ DELETE                                  | 2.1 TITL      |          | }                 |  |                |   |            |  |
| NAME  | HARRIS, ELLIOTT  |   | 2.2 NAM       |          |                   | •  |                |   |            |  |
| STREET ADDRESS                              | s 111 SW 3RD ST #600   |   |               |          | DORESS            |  |                |   |            |  |
| CITY-ST-ZIP                                 | MIAMI FL   |   | 2.4 CIT       | _        | ZIP               |  |                | hange                                   | Addition   |  |
| TITLE                                       |  | ☐ DELETE                                  | 3.1 TITI      |          | 1                 |  | _              | -                                       | į          |  |
| NAME  |  |   | 3.2 NA        |          |                   |  |                |   |            |  |
| STREET ADDRESS                              | s  |   | i i           |          | ADDRESS           |  |                |   |            |  |
| CITY-ST-ZIP                                 |  |   | 3.4. CI       |          | -ZIP              |  | ПС             | hange                                   | Addition   |  |
| TITLE                                       |  | ☐ DELETE                                  | 4,1 TIT       | LE       |                   | ;  |                | •                                       | _          |  |
| NAME  | Ì  |   | 4. 2 NA       |          |                   |  |                |   |            |  |
| STREET ADDRESS                              | s  |   | 4.3 ST        | REETA    | ADDRESS           |  |                |   |            |  |
| CITY-ST-ZIP                                 |  |   | 4.4 CIT       | TY-ST-   | ZIP               |  |                | Change                                  | Addition   |  |
| TITLE                                       |  | ☐ DELETE                                  | 5.1 TIT       |          |                   |  | ٠.             | 90                                      | ,          |  |
| NAME  |  |   | 5.2 NA        |          |                   | · ·  |                |   |            |  |
| 1   | 20   |   | 5.3 ST        | REET A   | ADDRESS           |  |                |   |            |  |
| STREET ADDRES                               | ~  |   | 5.4 CI        | TY-ST-   | -ZIP              |  |                | Charac                                  | Addition   |  |
| CITY-ST-ZIP<br>TITLE                        |  | ☐ DELETE                                  | 6.1 TI        | TLE      |                   | •  | <u></u>        | Change                                  | L Addition |  |
| 1   |  |   | 6.2 NA        | AME      |                   |  |                |   |            |  |
| NAME  |  |   | 6.3 ST        | REET     | ADDRESS           |  |                |   |            |  |
| STREET ADDRES                               | SS   |   | 64.01         | rtv. et. | - 71D             |  |                |   |            |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (305) 358-0146 Daytine Phone #

R2F034 (11/98