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DOCUMENT # J 80886			<i>،</i> ۲۰	1 META	FILED - RY OF SIMIL		
SOUTHERN JAVID, INC					THE PARY OF STATE AND OF CORPORATION		
			···	OD ALIG -	·7 AM 7:23		
Principal Place of Business Southern Tavib Inc	Mailing Address	Likt	ORIUS		, WILLIED		
4851 NE 26 Avenue	Ч	851	NE 26 A				
Fthuderdale, FL 333	08-4816 F	ttai	iderdale,	FL33308	-		
2. Principal Place of Business 4851 NE 26 Avenue 70 LIKTORIU					•		
.⊋uiţe, Apt. #, etc.	Suite, Apt. #, etc. 4851 NE 26 Avenue			05-24-00 90181 021 \$150.00			
City & State	City & State	<u>26</u>	nve me	4. FEI Number	Α. Ι	pplied For	
Zip Country	Ft-farbedale,	Coun	try	59-282284	\$9.7E	lot Applicable	
33308 BrwdWh 6. Namo and Address of Current R	FL 33308	$\perp u$	<u>s 4</u>	Certificate of Status Desire Name and Address of Ne	Fee Requir		
6. Name and Address of Current R	egistaled Agent		Name	7. Raile and Address of Ne	w Kegistered Agent		
Jadvyga Didzivlis	s (P.O. Box Number is Not Accepte	ble)					
5000 N. Ocean Blod	, Apr 1602						
F+ fauderdale, FL	33308		City		FL Zip C∝	de	
8. The above named entity submits this statement for		s registere	d office or regist	tered agent, or both, in the State of			
SIGNATURE Signature, typed or printed name of registered eigent an	d title if applicable. (NO	TE: Registared	t Agent signatura reque	red when reinstaling)	DATE		
This corporation is eligible to satisfy its Intangible Tax lilling requirement and elects to do so.			3 \$150.00	10. Election Campaign	Financing \$5.0	00 Мау Ве	
(See criteria on back)	After MAY 1 2	ble to De	partment of 8	Trust Fund Contribu	ition Adde	d to Fees	
11. OFFICERS AND D	IRECTORS Delete	12.		ADDITIONS/CHANGES TO C	FFICERS AND DIRECTOR		
HAME JADYVEA DIDZILLIS		NAME		•	crange		
STREET ADDRESS 5000 N. Ocean Blud CITY-ST-ZIP Frankfulle FL 373			ST-ZIP			☐ Addition	
TIELE President-D	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS 4851 NE 26 AUC		NAME STREE	T ADDRESS				
CITY-SI-ZIP Filandedale, FL3	3108		ST-2IP				
NAME VICE REDDENT LECTETER	↑ Delete	NAME			Change	Addition	
STREET ADDRESS 4900 N. Ocean Blue	d Apt 712		T ADORESS ST-ZIP				
TITLE		TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS		NAME STREE	T ADDRESS	•			
CITY-ST-ZIP		CITY-	ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			T ADORESS				
CHY-S1-2IP UTLE		TITLE	ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS	_ 5,,,,,	NAME	TADDRESS	-	V		
STREET ADDRESS CITY-ST-ZIP		CITY - S	T ADDRESS ST - ZIP	-			
 I hereby certify that the information supplied with the indicated on this report or supplemental report is tr 	ue and accurate and that r	ny signatu	ire shall have the	same legal effect as if made unde	r oath: that I am an officer	or director	
of the corporation of the receiver or trustee empow changed, or on an attachment with an address, with	ered to execute this report h all other like empowered.	as require	d by Chapter 60	r, Florida Statutes; and that my na	me appears in Block 11 or	PIDCK 15 II	
SIGNATURE: White	- PRESIDE	ENT		Sluloo	(954/491~	440 6	

SOUTHERN JAVID, INC. 4851 N.E. 26th Avenue Ft. Lauderdale, FL 33308-4816

(954) 491-4494

Fax (954) 491-1285

July 19, 2000

Florida Department of State Katherine Harris Division_of_Corporations Corporate Records P.O. Box 6327 Tallahassee, Fl 32314

Ref: Doc #J80886

Dear Madam Secretary:

After receiving a notice (second notice) that your office had not received our document in reference, I called the Division and was informed to disregard the notice since many of the documents had not yet been posted. I was told to call at the end of the month.

I have enclosed a copy of said document from our files. The original with the additional information requested, was mailed to the Division on June 27, 2000.

Sincerely,

Milda Liktorius

President