FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K47397** **(0)**

1. Corporation Name

SOUTH DADE FINANCIAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7331 NW 66 STREET 1647 S.W. 27TH AVE. MIAMI FL 33166 US	% LESTER G. KATES, ESQ. 1647 S.W. 27TH AVE. MIAMI FL 33145-2044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 ~~12350 S.W. 132 Court~~
Suite, Apt. #, etc.
22 212
City & State
23 ~~Miami~~ ~~FL~~
Zip 24 33186 Country 25

2a. Mailing Address
26 ~~11420 S.W. 109 Road~~
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33176 Country 30

4. FEI Number: 65-0098691 ☐ 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

KATES, LESTER G., ESQ.
1647 S.W. 27TH AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

01 Name: JACK L. WEITZMAN, P.A.
02 Street Address (P.O. Box Number is Not Acceptable): 11420 S.W. 109 Road
03
04 City: Miami **FL** 05 Zip Code: 33176

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: Jack L. Weitzman 6/16/95
(Signature of the new registered agent) (NOTE: Registered Agent signature required when designated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PSTD~~	11 TITLE	☒ Change ☐ Addition PSTD
NAME	~~SMITH SR, SERGIO~~	12 NAME	SMITH SR., SERGIO
STREET ADDRESS	~~7331 N.W. 66 STREET~~	13 STREET ADDRESS	12350 SW 132 Court- Suite 212
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	Miami, FL 33186
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	800001521358 -06/23/95--01007-025 ☐ Change ☐ Addition
NAME		32 NAME	******8.75 ******8.75
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	800001521358 -06/23/95--01007-030 ☐ Change ☐ Addition
NAME		42 NAME	****225.00 ****225.00
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

6/21/95 MST

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)(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.

SIGNATURE: Sergio Smith 06-16-95 (305) 235-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SERGIO SMITH

0159132 CP