

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:51

DOCUMENT # L07252 (4)

1. Corporation Name

SOUTHERN DIVERSIFIED INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/03/1989
3a. Date of Last Report 04/20/1994

4. FEI Number 65-0135921
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$6.75 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

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 City & State

27 City & State
28 City & State

24 Zip Country
25 Zip Country

29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent

KUCH, PETER
12480 SW 80 AVE
MIAMI FL 33156

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KUCH, PETER	12480 S.W. 80TH AVENUE	MIAMI FL
V	KUCH, ELLEN	12480 SW 80TH AVE.	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS</td><td>3.4 CITY-ST-ZIP</td><td>☐</td><td>☐</td></td>	3.2 NAME <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS</td><td>4.4 CITY-ST-ZIP</td><td>☐</td><td>☐</td></td>	4.2 NAME <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐	☐
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS</td><td>5.4 CITY-ST-ZIP</td><td>☐</td><td>☐</td></td>	5.2 NAME <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
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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 110.07(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 its 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 applicable, as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

(305) 233-3312