

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 # **M72063** (4)

1. Corporation Name

3-D SOUTH INC.



Principal Place of Business

**2699 SOUTH BAYSHORE DR
SUITE 700
MIAMI FL 33133
US**

Mailing Address

**2699 SOUTH BAYSHORE DR
SUITE 700
MIAMI FL 33133
US**

3. Date Incorporated or Qualified
03/07/1988

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0122114

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

10. Name and Address of New Registered Agent

**REGISTERED AGEN + OFFICE INC.
2699 SOUTH BAYSHORE DR
SUITE 700
MIAMI FL 33133**

81 Name

CORPCO, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2699 S. Bayshore Drive

83

7th Floor

84 City

Miami

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0502 and 607.500, 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. I, the undersigned, am 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 607.0503, Florida Statutes.

CORPCO, INC.

1/24/96

SIGNATURE

By: **Albert J. Xiques, Vice President**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **LIAN, ALFREDO ACOSTA**
CITY-STATE-ZIP **QUINTA TAN-GER**
CARACAS, VENEZUELA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VPT**
STREET ADDRESS **GOYTISOLO, JORGE A**
CITY-STATE-ZIP **8716 VALLEYFIELD RD**
LUTHERVILLE MD

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GOYTISOLO, AGUSTIN DE**
CITY-STATE-ZIP **601 BRICKELL KEY DRIVE, SUITE 501**
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **GOYTISOLO, MARIANA**
CITY-STATE-ZIP **8716 VALLEYFIELD RD**
LUTHERVILLE MD

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

DISPATCH

CR2E034 (12/95)