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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M75451 (8)
1. Corporation Name
SOUTH FLORIDA CONSUMERS ALLIANCE, INC.



Principal Place of Business Mailing Address
17994 S.W. 97 AVENUE 17994 S.W. 97 AVENUE
MIAMI FL 33157 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
04/06/1988
4. FEI Number 65-0065901 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No

9. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M
PENTHOUSE 802
5975 SUNSET DRIVE
SOUTH MIAMI FL 33143

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SUMMERS, JEROME DR.
STREET ADDRESS 17994 S.W. 97TH AVENUE
CITY-ST-ZIP MIAMI FL
TITLE VSD
NAME ALENIER, CHARLES DR.
STREET ADDRESS 6260 S.W. 118 TERRACE
CITY-ST-ZIP MIAMI FL
TITLE ST
NAME ALENIER, CHARLES DR.
STREET ADDRESS 6260 S.W. 118TH TERRACE
CITY-ST-ZIP MIAMI FL
TITLE VP
NAME WOOD, CHRISTOPHER
STREET ADDRESS 17994 S.W. 97TH AVENUE
CITY-ST-ZIP MIAMI FL
TITLE D
NAME MCLELLAN, ANTHONY
STREET ADDRESS 17994 S.W. 97TH AVENUE
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

41-21-98 (205) 255-9785

CR2E034 (10/97)