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 # **M88856** **(3)**

1. Corporation Name

ERIKS SOUTH, INC.

61- 2300-0010

Principal Place of Business	Mailing Address
3845 NW 25TH STREET (MIAMI, FL 33142) P.O. BOX 59-3087 MIAMI FL 33159	3845 NW 25TH STREET (MIAMI, FL 33142) P.O. BOX 59-3087 MIAMI FL 33159

3. Date Incorporated or Qualified: **07/08/1988**

3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0082716** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of New Registered Agent, if changing) (Florida Registered Agent's Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN DUSSELDORP, ADRIAN		1.2 NAME		
STREET ADDRESS	443 N. MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	GRAFTON OH		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STORM, NICO		2.2 NAME		
STREET ADDRESS	443 N. MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRAFTON OH		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, ROBERT		3.2 NAME		
STREET ADDRESS	1109 BERKSHIRE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TROPHY CLUB TX 76262		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUENGE, ALAN		4.2 NAME		
STREET ADDRESS	3845 N.W. 25TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COMCOWICH, MICHAEL		5.2 NAME		
STREET ADDRESS	3251 PONCE DE LEON BLVD., #220		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] ALAN TUENGE 9.16.96 305-871-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #