

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

CORPORATION
ANNUAL REPORT
1995



U. S. DEPARTMENT OF STATE
WASHINGTON, D. C. 20520
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20530
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20530

APPROVED
AND
FILED

DOCUMENT # P92000006432 (8)

SOUTHERN PROPERTY INVESTMENT GROUP, INC.

03 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
2. Date of Incorporation: 11/18/1992		3a. Date of Last Report: 05/01/1994		3b. Date of Next Report: 11/18/1994	
21. Filing Office: 65-0391914		22. Filing Office: 65-0391914		23. Filing Office: 65-0391914	
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CORPORATION
ANNUAL REPORT
1995



FLORIDA, A SHARITMENT BY STATE
INCORPORATED IN FLORIDA
CORPORATION
The Florida Department of Banking Regulation

DOCUMENT # **P92000006607 (5)**

FLORIDAMORA, INC.

APPROVED

1995

RECEIVED
FLORIDA

Principal Place of Business C/O PERLMAN & PERLOW, P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 US		Mailing Address C/O PERLMAN & PERLOW, P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 US		Date of Incorporation or Qualification 11/23/1992		Date of Last Report 07/19/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FIC Number 65-0411611		Applied For Not Applicable	
22. State of Incorporation 22		27. State of Mailing Address 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
23. City & State 23		28. City & State 28		8. This corporation has liability for exchange tax under S. 190.012, Florida Statutes. ☐ Yes ☒ No			
24. City 24		25. County 25		29. City 29		30. County 30	
9. Name and Address of Current Registered Agent PERLOW, JEFFREY M 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City, FL 85. Zip Code			
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.							
12. DIRECTOR, AND DIRECTORS NAME DP STREET ADDRESS DI TERLIZZI, MICHELE CITY, STATE, ZIP 2800 ISLAND BLVD APT 803 NORTH MIAMI BEACH FL 33180							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP 4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP 7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP 16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP 19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP							
14. I, the undersigned, certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemption stated in Section 190.012, Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons responsible for the report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an alternate with an address.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF RECORD OFFICER OR DIRECTOR MICHELE DI TERLIZZI							