SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

SOUTHERN PACIFIC INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address			7			ANII ONIA OCAON ANDA NIBA DAAN DAA NA
11901 SW 55 COOPER CIT US		11931 SW 55TH ST. COOPER CITY FL 3333 US	0			
					3. Date Incorporated or Qualified 01/19/1993	3a. Date of Last Report 04/28/1995
		2a. Mailing Address	ling Address		4. FEI Number 65-0383432	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc			Not Applicable \$8.75 Additional
27		·			5. Certificate of Status Desired	Fee Required
City & State City		City & State	r & State		6. Election Campaign Financing	\$5.00 May Be
Zip			Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25 29 30		30	•	Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
HSU, JAMES			B1	Name		
11931 SW 55TH ST.			82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)
u	OOPER CITY FL 33330		83			
			84	60		
				' '		FL 85 Zip Code
I office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	eorrionda. Such chande was a	authorized by	the coroo	orporation submits this statement for the pr ration's board of directors. Thereby ancept	urpose of changing its registered tithe appointment as registered
SIGNATURE	Signature typed or protect name of registered ag	per and the of continued to the	Ib. Data local Ac	and a part of a	equo-d when re-ristating)	
12.		ND DIRECTORS	13.	one signame n	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	3.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	COOPED OFFI FI COOPE		1.3 \$1REE	TADDRESS		
CITY-ST-ZIP TITLE			1 4 CITY -	ST - ZIF		
NAME	OUL DAIGY V		2 1 TITLE 2 2 NAME			Changa Addition
STREET ADDRESS	11931 S W 55 STREET		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33330		2 4 City - ST - ZiP			
TITLE	\$	DELETE	3 1 TITLE	31.2"		Change Addition
NAME			3 2 NAME			, F.
STREET ADDRESS			3.3.5TREE	33STREET ADDRESS		
CITY-ST-ZIP			34 CITY-	ST- 2 IP		
TITLE	DELETE 41		4 1 THTLE	Ţ		Change Addition
NAME			4 2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY -	ST-ZIP		
NAME			5.1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME	T AUDRESS		
CITY-ST-ZIP			5 4 CiTY -			
TITLE			6 1 TITLE	3EH	Change Adultion	
NAME			6.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			6.4 C/TY -	ST-ZIP		
14. Ldo herek	by certify that the information supplied	d with this filing is voluntarily fu			ualify for the exemption stated in Section 1	19 07(3)(k). Florida Statutes I

number certify trial 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 617, 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