SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021975 (6)

SOUTHERN INTERNATIONAL PROPERTIES OF MIAMI, INC.

APPROVED AND FILED

97 AUG 13 PM 1: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Addres							s vooriseer is ealea siin aank aans aans aans aast aans siasa jost 1914 1966 ahk 1981		
7990 SW 117	AVE	7990 SW 1	7990 SW 117 AVE						
SUITE 137		SUITE 137							
MIAMI FL 3311	83	MIAMI FL	33183				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 3a. Date of Last Report		
							03/24/1993 01/26/1996		
	lace of Business		2a. Mailing Address				4. FEI Number Applied For		
21			26				65-0509623 Not Applicable		
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27					Fee Required		
City & State	9	 -	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution		
Zip	Country	Zip		Country			8. This corporation owes or has paid the current year Intangible		
24	25	[29]		30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name			
	.DES, JORGE				"	Name	le l		
799		82 Street Ad			et Address (P.O. Box Number is Not Acceptable)				
	TE 137								
MIA	MI FL 33183				83				
					84	City	IAPL 7:0 Anda		
					07	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statuti	es, the a	bovo	-named	ed 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, lyped or printed name of registered agent and title if epiphicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		DELETE	1.1.1	ITLE		Change Addition		
NAME	VALDES, JORGE			1.21	IAME				
STREET ADDRESS	7990 SW 117 AVE			139	TREFT	ADDRESS	0000022711006		
OTY-ST-ZIP	MIAMI FL 33183				S-YIK		-08/19/9701040002 ****173.75		
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	_	21 TillE		The second secon		
NAME	AGUIRRE, GERARDO L				IAME				
STREET ADDRESS	7990 SW 117 AVE					ADDRESS			
	MIAMI FL 33183								
CITY-ST-ZIP TITLE	MININI LE 00 100	,	DELETE		CITY-S	I - ZIP	D 01		
	GARCIA HECTOR		OLUCIE	3.1 T			☐ Change ☐ Addition		
NAME	GARCIA, HECTOR				IAME				
STREET ADDRESS	9901 SW 145 TERRACE					ADDRESS	\$		
CITY-ST-ZIP	MIAMI FL		DELETE	_	CITY-S	1 - 7IP			
TITLE		ļ	☐ DELETE .	4.1 3			☐ Change ☐ Addilion		
NAME				4.2	NAME				
STREET ADDRESS				4.3 5	TREET	ADDRESS	s		
CITY-ST-ZIP				4.4 0	ITY-S	- ZIP			
TITLE			DELETE	5.1 T	ITLE		Change Addition		
NAME				5.2 N	IAME				
STREET ADDRESS				538	TREET	ADDRESS	sl, mal		
CITY-ST-ZIP				1	HTY-SI		NY 18/15		
TITLE		· · · · · ·]	DELETE	6.1 T			Change Addition		
NAME	1 0			6.2 N					
STREET ADDRESS	/ //					ADDRESS	5		
CITY-ST-ZIP	/				ITY-51				
				0.40	וטיויי	2.11	1		

formal or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the trius 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 conversion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name that granted by the properties of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that information indicated I am an officer or direc appears in Block 12 o