FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000029750 (5)

SOUTHERN CROSS IMPORTS, INC.

Zip 22,23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032.															
DAVIE FL 33314 FT. LAUDERDALE FL 33302-0788 3. Date incorporated or Qualified OL/22/1998 3. Date incorporated Ol/22/1998 3. Date	Principal Plac	ce of Busine	oss		Ma	iling Address					1 18011001 110 10100 HJH 1	641) 16 161 (81)	17 40 110 11 010 1		11 00 41 1 48 1
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Ap				FT.	FT. LAUDERDALE FL 33302-0738										
Suite. Agt. #y.fc Suite.					••						•	Qualified			Report
22 Stiff 3 9 1 1 1 1 1 1 1 1 1	2. Principal F 21 /6 83	No.ET	siness H BAYS	HOLE D		Mailing Address								A 1-7-1	
28	Suite. Apt. 22 51-19	#21	19		27	Suite, Apt. #, etc.					5. Certificate of Status (esired			
PA STOPPORT OF THE REAL PROPERTY OF THE REAL PROPER	City & Sta 23 /// //	mi,	FL		├ ~	City & State						-			
Section Sect	Zip 33	132				Z (p	h	untry							s. 199.032,
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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, specific protect assent as the napple zero. (NOTE 1) photod Agent is grature required when reinstating) DATE								T			10. Name and Address	of New Re	glatered A	gent	
### Street Address (P.O. Box Numbor is Not Acceptable) ### Street Address (P.O. Box N	LEC	CLERC, LE	ONARD I	P.				81	Name						
### City ### Lost Companies of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida Such change was authorized by the corporation's book of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Soction 607 0505, Florida Statutes. ### SIGNATURE ### SIGNATURE ### SIGNATURE ### DP	116 HENDRICKS ISLE						92	Ctroot A	Addrose	rase (P.O. Boy Number is Not Acceptable)					
B3 B4 City FL B5 Zip Code							02	Sueera	Muures	1665 (F.O. DOX NUMBER 18 NOT PODEPHADIBY					
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 boold of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OF LECLERC, LEONARD P 112 NAME STRELL ALDRESS CITY-ST-7IP TITLE DELETE 11 TITLE DELETE 21 TITLE Change Addition AMME STREET ADDRESS CITY-ST-7IP TITLE DELETE 31 TITLE Change Addition Change Addition Addition Addition Addition Change Addition Addition Addition AMME STREET ADDRESS CITY-ST-7IP TITLE DELETE 31 TITLE Change Addition Addition	• • •	_ ,,						83	L						
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STREET ADDRESS 3.3 STREET ADDRESS 4	****								ADDRESS	[

64 City-St-ZiP

14. If do hereby certify that the information supplied with this fring 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 suppliemental annual report are run 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 truspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

B.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TALMULA HATELLE C. NAVIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

Jan 9, 1997 (305)873-36/2

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 16 1997 8:00am

Secretary of State