FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 5-1-95

FLORIDA DEPARTMENT OF STATE
5965
B-
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031888 (9)

1. Corporate Name

SOUTH SKY THREE, INC.

Principal Office Address

3301 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316

Mailing Address

P.O. BOX 21490
FT. LAUDERDALE FL 33335-1490

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/29/1993

3a. Date of Last Report: 06/03/1994

2. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: ~~06-5410465~~ (65-0410465) — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has paid, or incurred tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

NESSUNO, CIRO
3301 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316

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 Section 607.0505 and/or 607.1008, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby agree to comply with the provisions of Section 607.0505 and/or 607.1008, Florida Statutes.

SIGNATURE — Registered Agent's Signature — Date: 4/28/95

12. OFFICERS AND DIRECTORS

P
NESSUNO, CIRO
3301 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and deemed equally for the purposes stated in Section 607.0505, Florida Statutes, is true, and that I am a duly authorized officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall be deemed to be an affirmation of the truth of the facts stated therein, and that my signature shall be deemed to be an affirmation of the truth of the facts stated therein with perjury.

SIGNATURE: Cirio Nessuno, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cirio Nessuno, Pres

4/28/95

305/463-6800
Daytime Phone #

0241200 CP