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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000031892**1. Corporation Name

SOUTH SKY TWO, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90084 029 ***158.75



Principal Place of Business Mailing Address							1	I INDIIAAN USA SASEN USUU BRUU DOUN AANU ANUO))	(8118 1181 1881
3301 SOUTH ANDREWS AVENUE P.O. BOX 21490							1			
FORT LAUDERDALE FL 33316 FT LAUDERDALE FL 33335-				490						
								DO NOT WRITE IN THIS	SPACE	
								Date Incorporated or Qualifed		
	<u>,</u>	1 - 44.10 - Add-						04/29/1993 FEI Number		plied For
2. Principal Place of Business 2a. Mailing Address			5					65-0410462	<u> </u>	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							+	03 04 10402	\$8.75	
							5.	Certificate of Status Desired	Fee Re	
27				·			6	Election Campaign Financing	\$5.00	May Be
23 28							"	Trust Fund Contribution	Added t	
Zip Country Zip			Cor	Country			8.	This corporation owes the current year In	tangible	
24	25 29			10				Personal Property Tax.	☐ Yes	□No
-	9. Name and Address of Curr	ent Registered Agent		ļ			10.	Name and Address of New Registered	Agent	
NEO	OLINO OLDO			81	Na	me				
NESSUNO, CIRO				82	Str	eet Addre	ess (P	O. Box Number is Not Acceptable)		
3301 SOUTH ANDREWS AVENUE				_	┷		· ·			
FUR	T LAUDERDALE FL 33316			83	1					
				84	Cit	y			85 Zip (Code
								FL		
office or n	egistered agent or both in the Stat	te of Florida. Such change.	was authorize	d bv	the c	ned corpo corporatio	oration n's bo	n submits this statement for the purpose o oard of directors. I hereby accept the appo	r cnanging its intment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.050	05, Florida Sta	tutes	š.			•		
SIGNATURE								reinstating) DATE		
	Signature, typed or printed name of registered a	gent and title if applicable. AND DIRECTORS	(NOTE: Registere	d Ager	nt signa	iture required		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	P	DELE		ME				ADDITIONS/OFFICEOUS TO STATE OF THE	Change	Addition
NAME	NESSUNO, CIRO	_		IAME						
STREET ADDRESS 3301 SOUTH ANDREWS AVENUE				1.3 STREET ADDRESS						
CITY-ST-ZIP FORT LAUDERDALE FL 33316				1.4 CITY-ST-ZIP						
TITLE	DELETE			2.1 TITLE					Change	Addition
NAME				2.2 NAME						
STREET ADDRESS			238	TREE	T ADDR	RESS				
CITY-ST-ZIP			2.40	CITY-9	ST-ZIP					
TITLE		☐ DELE	ETE 3.1 T	MLE					Change	☐ Addition
NAME			3.2 N	IAME						
STREET ADDRESS			3.3 9	TREE	ET ADDF	RESS				
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP					
TITLE			ETE . 4.1 T	TILE					Change	☐ Addition
NAME			4. 21	NAME	-					
STREET ADDRESS			4.3 8	TREE	ET ADDS	RESS				
CITY-ST-ZIP					ST-ZIP				——————————————————————————————————————	- Addition
TITLE				MΕ					Change	☐ Addition
NAME				IAME						
STREET ADDRESS					T ADDF	RESS				
CITY-ST-ZIP					ST-ZIP				[] Charre	☐ Addition
TITLE		☐ DELE							Change	L) Addition
NAME				3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	l .		6.3 8	INEE	LI AUUN	1E99				ì

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR