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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2a. Mailing Address

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90087 019 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

05/03/1993 4. FEI Number

1999		
DOCUMENT # P93 1. Corporation Name SOUTH FLORIDA-AMERICAS		
Principal Place of Business	Mailing Address	1 1981,1981 111 SELL SELL SELL SELL SELL SELL SELL
6332 NW 180TH TERR HIALEAH FL 33015	6332 NW 180TH TERR HIALEAH FL 33015	

		lace of Business	2a. Mailing Address		_			65-040828	7	ppiled For	
21 60	01	N.W. 153rd St.	Same as	Place	ΟĒ	B'nes	38	65-0908282 65-040828	N.	ot Applicable	
	, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	•		5.	. Certifcate of Status Desired		Additional equired	
	& State		City & State				-	Election Campaign Financing	\$5.00	May Be	
	١.	Lakes	28			· · · · ·	0.	Trust Fund Contribution		to Fees	
Zip	Ţ	Country	Zip	Cou	intry		8.	. This corporation owes the current year In			
24 33	014	25 USA	29	30			<u> </u>	Personal Property Tax.	L.i Yes	□ No	
	<u>T</u> .	9. Name and Address of Current i	Registered Agent				10.	Name and Address of New Registered	Agent		
,	GAD	CIA ENDIOLIE			81	Name					
GARCIA, ENRIQUE 6332 NW 180TH TERR				82 Street Address (P.O. Box Number is Not Acceptable)							
		EAH FL 33015									
	FILAL	EAR FL 33013			83						
	Ì				84	City			85 Zip	Code	
	!				1 1	•		Fl	-		
11. Pur	suant	to the provisions of Sections 607.0502	and 607 1508, Florida St	atutes, the a	bove-r	named corpor	ratio	on submits this statement for the purpose of	f changing its	s registered	
offic	CO OF F	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change wa	as autnorized	תועסככ	e corporation	SD	poard of directors. I hereby accept the appo		ogiatorau	
SIGNAT	1			•							
		Signature, typed or printed name of registered agent a			Agent s	ignature required			ND DIDECT	ODC IN 42	
12.	<u></u>	OFFICERS AND	<del></del>	13.				ADDITIONS/CHANGES TO OFFICERS A			
TITLE		PD	☐ DELETE	1.1 Π	TLE	1			Change	☐ Addition	
NAME		GARCIA, ENRIQUE		1.2 N	AME						
STREET AD	ORESS	6332 NW 180TH TERR		1.3 S	TREET A	DORESS			,		
CITY-ST-Z	I IP	HIALEAH FL 33015		1.4 C	1TY-51-7	ZIP			<u>.</u>	<u>_</u>	
TITLE	·		☐ DELETE	2.1 77	TLE				Change	☐ Addition	
NAME	, !			2.2 N	AME:						
STREET AL	DRESS	•		2.3 8	TREET A	DDRESS					
CITY-ST-Z	:				TY-ST	ZIP			<del></del>		
TITLE	J		☐ DELETI	3.1 T	ure_				Change	Addition	
NAME				3.2 N	AME						
STREET AL	) Doress			3.3 S	TREET A	DDRESS					
CITY-ST-Z	1	}	_	3.4. 0	TY-ST-	ZIP _		<u> </u>			
TITLE			DELET!	E 4.1 T	TLE			·	Change	☐ Addition	
NAME				4.2 N	JAME			_			
STREET AL	DRESS			4.3 S	TREET A	DORESS					
CITY-ST-Z	DP .	,		4.4 C	TY-ST-Z	ZI <u>P</u> ]					
TITLE !			☐ DELETI	E 5.1 T	IILE				☐ Change	Addition	
NAME I		•		5.2 N	AME						
STREET AL	ODRESS			5.3 S	TREET A	DDRESS					
CITY-ST-Z	(P			5.4 C	ITY-ST-Z	ZIP					
TITLE			☐ DELETI	6.1 To	TLE				☐ Change	☐ Addition	
NAME				6.2 N	AME						
STREET AL	ODRESS			6.3 S	TREET A	DDRESS		•			
CITY-ST-Z				6.4 C	ITY-ST-Z	ZIP				_	
OH 1-31-4	.11"	L <u></u>					- 4*	on 119 07(3)(i) Florida Statutes I further ce	412 . 45 . 4 45 .		

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 informationated 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 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.

SIGNATURE:

Enrique García SIGNING OFFICER OR DIRECTOR

3/15/99

305-826-8098

Daytime Phone #