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 # P93000043312

1. Corporation Name

SOUTH D CORPORATION

Principal Place of Business Mailing Address							(1881106) [[\$ [\$188]]]][[880] \$60]		
11801 S.W. 104TH COURT 11801 S.W. 104TH COURT MIAMI FL 33176 MIAMI FL 33176			T				DO MOT IMPLIES IN THE	00405	
						-	DO NOT WRITE IN THIS SPACE		
						3.	Date Incorporated or Qualifed		
							06/14/1993		
Principal Place of Business 2a. Mailing Address					4.	FEI Number		oplied For	
21 26					_ _	65-05 19659		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							Certificate of Status Desired	*	Additional equired
City & State City & State						6.	Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Соц	ntry		8.	This corporation owes the current year In	tangible	_
24	25	29	30			İ	Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registered	Agent	
				81	Name				
KNUTSON, H A			82	Ct Add	(D	P.O. Box Number is Not Acceptable)			
11801 S.W. 104TH COURT			82	Street Addi	ress (F	O. Box Number Is Not Acceptable)			
MIAMI FL 33176			83						
				84	City		FI	85 Zip	Code
agent. I a	m familiar with, and accept the obligation	ations of, Section 607.0505, F	Ionoa Stat	utes	the corporation		pard of directors. I hereby accept the appointment of the particle of the appointment of the appointm		
	Signature, typed or printed name of registered age		13.	/ gru	- agriculato /oquito		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.			1.1 TITLE			ABBITTOTOTOTIANCES TO STATE OF THE	Change	Addition	
TITLE	· -	_		į					1
NAME	1010011, 1171		1.2 NAME 1.3 STREET ADDRESS					ĺ	
STREET ADDRESS	007 0:17: 107117 000111							}	
CITY-ST-ZIP				_	T-ZIP			Change	Addition
TITLE	☐ DELETE 2.1 T						Onlarige		
NAME.				2.2 NAME					
STREET ADORESS			REE	TADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP				Change	Addition	
TITLE	-		.1 TITLE				☐ Change	Addison	
NAME			3.2 N						
STREET ADDRESS	1		l l		T ADDRESS				
CITY-ST-ZIP					ST-ZIP				☐ Addition
TITLE		☐ DELETE 4.1		1 TITLE				Change	☐ Addition
NAME			4. 2 N	IAME	ĺ				
STREET ADDRESS	S 4.3		4.3 S	STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T					Change	☐ Addition
NAME 5.2 N									
OTRICIT ADDRESS			5.3 S	TREE	TADDRESS				1

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90176 024 ***150.00