

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000044951 (0)**

1. Corporation Name

SUTHERLAND CAPITAL INC.



Principal Place of Business

**100 S BISCAYNE BLVD
SUITE 700
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE
SUITE 51-116
MIAMI FL 33131-2492
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REES, ERIC R
100 S BISCAYNE BLVD
SUITE 700
MIAMI FL 33131**

3. Date Incorporated For Qualified

06/21/1993

3a. Date of Last Report

04/21/1995

4. FCI Number

65-0427505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

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 Sections 607.01 and 607.1504, 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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.01, Florida Statutes.

SIGNATURE

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**DP
REES, ERIC R
100 S BISCAYNE BLVD SUITE 700
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

13.

ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

Eric R. Rees

ERIC R. REES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 1996 (305) 577-9001

CR2E034 (12/95)