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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P93000077042 (8)

SOUTHERN CROSSWAYS, INC.

Principal Place of Business	Mailing Address
5471 W 6TH CT HIALEAH FL 33012	5471 W 6TH CT HIALEAH FL 33012

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,		Mailing Addi							
5471 W 6TH CT HIALEAH FL 33012			5471 W 6TH CT HIALEAH FL 33012						
		7,11,12				3. Date Incorporated or Qualif	ed 3a.	Date of Last	
						11/08/1993		06/09/	
Principal Place	e of Business	2a. Mailing /	Address			4. FEI Number		<u> </u>	Applied For
		26				65-0451007		60.7	Not Applicable
Suite, Apt. #,	etc.	Suite, A	pt.#, etc.			5. Certificate of Status Desired		•	75 Additional e Required
		27				6. Election Campaign Financin			00 May Be
City & State		City & S	itale			Trust Fund Contribution		•	ded to Fees
L	T O	28 Zip		Countr	v	This corporation has liability	for intangit	ole tax under	s 199.032,
Zip I	Country	29		30	,	Florida Statutes	Yes N	lo	
	9. Name and Address of Curre		jent	1001		10. Name and Address of N	ew Registe	red Agent	
	g. 100/10 and			81	Name				
EI ADIDA	A REGISTERED AGENTS, INC.			82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)		
100 SE		'•		"	Ou con rica				
SUITE 3				B3	3				
MIAMI F				84	1 City			85	Zip Code
					1			FL °°	
1. Pursuant to	the provisions of Sections 607.050 d agent, or both, in the State of Flo	02 and 607.1508, 1	Honda Statut Dwae sutbodz	es, the above red by the cor	noration's boa	rd of directors. Thereby accept the	appointme	int as régiste	red agent I ani
	d agent, or both, in the State of Flo i, and accept the obligations of, Sec				pioremon o coo				
	, and accept the obligations of cos	0,101,001,0000,1							
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						TO THE TOTAL OF THE TAXABLE PARTY.	COCCOC		
2.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and true true shall have the same eggs directly and that my name 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 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 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 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 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 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 oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

SIGNATURE:

Maio Fuster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR