SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS P93000081226 (1) **DOCUMENT #** SOUTH FLORIDA SALES, INC. Principal Place of Business Mailing Address 11000 N.W. 62 AVENUE 11000 N.W. 62 AVENUE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 11/24/1993 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0446648 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes 🔽 No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PENA. JOSE M 11000 N.W. 62 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 City 85 Zipi Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. zpose of changing its registered SIGNATURE (NCDE,  $\hat{R}$  -q utered Agent signature respired where  $\alpha$  must eq. Stigrature, type dioriproble a name of regimered agent and title if spolicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 1.1 TIFLE Change Addition NAME PENA, JOSE M 1.2 NAME **CR2E034** 11000 N.W. 62 AVE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition PENA, CARIDAD NAME 2.2 NAME 11000 N.W. 62 AVE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 2 4 CITY - \$1-2IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 34 CITY-ST-Z:P TITLE DELETE Change 4 1 TiTLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST ZIP TITLE DELETE 5.1 HILE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP TITLE DELETE 6 1 TITLE Change Add-tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CHTY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Fiorida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accourate and that my signature shall have the same legal effect as it made under oals, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNING OFFICER OF DIRECTOR

SIGNATURE:

17/94 (305) 557-5796