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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088472 (4)

STRENGTH OF THE SOUTH, CORP.

FILED Apr 08 1997 8:00am Secretary of State



141 N.E. 3RD A SUITE 804 MIAMI FL 33132 US	-	141 N.E. 3RD AVE. #804 Miami FL 33132-2221 US		3. Date Incorporated or Qualified 12/29/1993	3a. Date of Last Report 06/19/1996
	ace of Business	2a. Mailing Address	/-	4. FEI Number	Applied For
21 /4/ N	E. BRDAVE	26 141 N.E. 3 R	DAVE	65-0456285	Not Applicable
Suite, Apt #. etc Suite, Apt. #, etc Suite, Apt. #, etc 27 Suite 4			02	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 M i A f	<u> </u>	City & State 28 Minmi FL	<u></u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24 3313	Country 25 VSA		Country 30 USA		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ITO, DANIEL P.		or Name		
	N.E. 3RD AVE. 'E #804		82 Street	Address (P.O. Box Number is Not Acceptab	ile)
	Al FL 33132		83		
MINTO	III I E GO IOE				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	urpose of changing its registered
office of re agent Lan	egistered agent, or both, in the State n familiar with, and accept the oblig	e of Florida. Such change was a jations of, Section 607.0505, Flo	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accep	of the appointment as registered
SIGNATURE .				•	
	Signature Typed or probabilitian collinguistered ag		Registered Agent signature		DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
1-11/1	VIDOTO, D'ANIEL P	L. DELETE	1.1 TITLE	Minora Saulai P	
NAME	141 N.E. ORD AVE., STE. 80	A	1.2 NAME	VIDOTO, DANIEL P. 141 N.E. 3RD AVE., SUITE #202	
STREET ADDRESS	MAN FL	•		MANUEL SED AUGUSTIN	M. Caron
CHY-ST-ZIP TELE	WIDTHI FL	DELETE	1.4 CITY-\$T-ZIP 2 1 TITLE	MIAMI FL. 3313Q	Change Addition
NAMÉ			2.2 NAME		: Onlings
STREET ADDRESS			2.3 STREET ADDRESS		
City - ST- Zii ²			2.4 CITY-ST-ZIP		
Tillef		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - ST - Zor			3 4. CITY - ST - ZIP		
THE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ACCRESS			4.3 STREET ADDRESS		
C(TY+S1+2fP			4.4 CITY-ST-ZIP		
TITLE		☐ D€ LETE	5.1 TITLE	1.17	Change Addition
MAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST. ZIP	The second secon		5 4 CITY-ST-ZIP		
FIFE		☐ DETELE	6 1 TITLE		Change Addition
NAMI			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	,	
011Y+54-ZIF			6.4 CITY-ST-ZIP		

in the mesery 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 posted 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

MUCH -27-97 (305) 3732033

Daytime Phone #