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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400009557

1. Corporation Name

SOUTH INTERNATIONAL CORP

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90031 021 ***150.00

Dringing Place of Rusiness	Mailing Address						
Principal Place of Business	Mailing Address				,		
8067 N.W. 66TH ST. 8067 N.W. 66TH ST. MIAMI FL 33166			Ì				
MILITAL TE SOLOO					DO NOT WRITE IN	THIS SPACE	
•					3. Date Incorporated or Qualifed		
					02/07/1994	11.	-13 - 4 F : 1
2. Principal Place of Business	2a. Mailing Address	_	·=		4. FEI Number		plied For
21	26 Cuito Ant # ata				65-0465874	\$8.75	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	I .
City & State	City & State				6. Election Campaign Financing	\$5.00	
	28				Trust Fund Contribution	Added i	
Zip Country	Zip	Count	try		8. This corporation owes the current ye		
2425	29	30	•		Personal Property Tax.	🔀 Yes	□No
9. Name and Address of Current I	1	122			10. Name and Address of New Regist	ered Agent	
			31 Nam	e			. [
ROMERA, LUIS			32 Stree	4 Addres	ss (P.O. Box Number is Not Acceptable)		
8067 N.W. 66TH ST.] }	o∠ Stree	n Addres	os (1 . C. DOX NUMBER IS NOT ACCEPTADOS)		
MIAMI FL 33166	:	1	33				
		1	34 City			85 Zip	Code
		1				FL _	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was a	uthorized i	by the co	d corpor poration	ration submits this statement for the purpor's board of directors. I hereby accept the a	se of changing its appointment as re	gistered
CIONATURE							
SIGNATURE			_				
SIGNATURE Signature, typed or printed name of registered agent a		_ <u> </u>	gent signatu	e required v	when reinstating) CDA		NDC IN 12
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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 flustee 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.

SIGNATURE: 🔀

TURE AND PETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR