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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013700 (7)

SOUTHERN ASHLEY DEVELOPMENT, CORP.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-{		// <b>     </b>
12235 S.W. 129TH CT. 12235 S.W. 129TH CT. MIAMI FL 33186 MIAMI FL 33186						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
Principal Place of Business     2e. Mailing Address						02/18/1994		
21 26						4. FEI Number	h	oplied For
Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0472759		ot Applicable
<b>—</b> ''	22					5. Certificate of Status Desired	\$8.75 A	
City & State City & State						8. Election Campaign Financing	\$5.00	
23		28	]			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country			8. This corporation owes or has paid the o		
24	25 29 30		30		Personal Property Tax due June 30.  Yes No			
<del></del>	9. Name and Address of Curre	nt Registered Agent		81T		10. Name and Address of New Registere	d Agent	\
MOURIZ, MIGUEL A					Name			
12235 S.W. 129TH CT. MIAMI FL 33186				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83				
				•3				
1			Ī	84	City	F	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statut	es the ah	nve.	named corno	ration submite this statement for the number	et changing its	n registered
I office or i	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was a	authorized	by	the corporatio	in's board of directors. I hereby accept the ap	opointment as	registered
· ·	arrianilar was, and accept the oblig	gations of, Section 607,000s, Fix	Jilua Statu	1105.				
SIGNATURE	Signature, typed or printed name of registered ag	TON) eldeciloge it and breatner	E Registered	Agen		d when reinstaling) DATE		··· <b>-</b>
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TiTi	LF			☐ Change	Addition :
NAME	MOURIZ, MIGUEL A		1.2 NAI	ME				
STREET ADDRESS	12235 S.W. 129TH CT.		1.3 STR	EE1 A	IDDRESS			
CITY-ST-ZIP	MIAMI FL 33186	Donette	1.4 CIT		- ZIP			
TITLE NAME	**	☐ DEL€TE	2.1 TITL				L Change	Addition
STREET ADDRESS	CAPO, GERARDO 7674 WEST 37TH LANE		2.2 NAM					
CITY-ST-ZIP	HIALEAH FL				DDRESS			
TITLE	T	DELETE	2 4 CH 3 1 THL		- ZIP		Change	Addition
NAME	CAPO, JULIO		3.2 NAN				onengo	LI Madition
STREET ADDRESS	1260 N.W. 72ND AVENUE			-	DORESS			
CITY-ST-ZIP .	MIAMI FL		3.4. CIT					
TITLE		☐ DI LETE	4.1 TITL				☐ Change	Addition
NAME			4. 2 NAME		}		-	l
STREET ADDRESS			4.3 STREE1		DDRESS			1
CITY-ST-ZIP			4.4 City	/- ST-	ZIP			
TITLE		☐ DELETE	5.1 THL	E			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		DDRESS			
CITY-ST-ZIP		Driber	5.4 CITY - ST		ZIP			
TITLE		☐ DELETE	61 TITL				Change	☐ Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR					
City-St-ZiP	artify that the information currelled u	ith this films does not small for	6.4 CITY	'-SI-	ZIP	40 07/0/0) Floride Class		

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 eath; that I am an officer or director of the corporation or the recgiver or trustee 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 or an area of the corporation of the corporation of the corporation of the recgiver of trustee 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 or an area of the corporation of the cor