

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02 1996 8:00 am
Secretary of State

DOCUMENT # P94000037983 (1)

1. Corporation Name

SUNCOAST SOUTH NO. 1, INC.



Principal Place of Business

% OPPENHEIM & ASSOCIATES
3191 CORAL WAY., SUITE 800
MIAMI FL 33145

Mailing Address

% OPPENHEIM & ASSOCIATES
3191 CORAL WAY., SUITE 800
MIAMI FL 33145

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

08/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0506560

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPENHEIM, STEVEN P
3191 CORAL WAY
SUITE 800
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip 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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of Registered Agent, if different from above

Name of Registered Agent, Signature, typed or printed name, if different from above

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT
SERGIO, CAMOLETTO
3191 CORAL WAY., SUITE 800
MIAMI FL 3314-5

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

Camoletto, Sergio

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVPS
RIVA, ROBERTO
3191 CORAL WAY., SUITE 800
MIAMI FL 3314-5

☐ DELETE

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

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-08/02/96--01060--015
***3375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 on an attachment with an address.

SIGNATURE:

ROBERTO RIVA

7/24/96

305-867-9100

CR2E034 (12/95)