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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12 or

CITY - ST - 7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000039491**

SOUTH SIDE BUILDERS, INC.

Mailing Address Principal Place of Business 18000 SW 160TH AVENUE 18000 SW 160TH AVENUE MIAMI FL 33187-4914 MIAM! FL 33187 3a. Date of Last Report 3. Date Incorporated or Qualified 05/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0493599 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζip Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHUSSON, RANDY 18000 SW 160TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33187 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature: typodick printed name of registered agent and title II applicable. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition 71111 MITCHUSSON, RANDY NAME 1.2 NAME 18000 SW 160TH AVENUE STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33187** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CHTY-SI-ZIP DELETE Change Addition THE 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-20 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

6.2 NAME

14. I do 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 supplymental 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 or director or director or director of the corporation or the receiver extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DIV. MITCHUSSON 2/10/97

FILED Apr 18 1997 8:00am Secretary of State

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