

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000058624 (5)

1. Corporation Name

SOUTHERN SOL IMPORTS, INC.



Principal Place of Business

4202 N OCEAN DR
HOLLYWOOD FL 33019

Mailing Address

4202 N OCEAN DR
HOLLYWOOD FL 33019

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
04/21/1995

4. FEI Number

65-0510309

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ZIPPER, ADAM S
1500 SAN REMO AVE SUITE 220
CORAL GABLES FL 33146

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 of the person authorized to file this report with the State

Signature of the New Registered Agent (if different from the above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D MAGNESS, ALAN	% 4202 N OCEAN DR	HOLLYWOOD FL 33019	☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			
☐ Change ☐ Addition				☐ Change ☐ Addition			

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 registered 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 change. I, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

951-922-7410

CR2E034 (12/95)