FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/10/95 -01020 -009
****200.00 ****200.00

DOCUMENT # **P94000080023 (2)**

1. Corporation Name
SOUTHLAND FINANCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 2234 HALLANDALE FL 33008	PO BOX 2234 HALLANDALE FL 33008

3. Date Incorporated or Qualified: 11/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-053 0858 — ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMICA, JUAN O 1920 E HALLANDALE BEACH BLVD #904 HALLANDALE FL 33009	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: _____ (Name of New Registered Agent, if applicable) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D. ☐ Change ☒ Addition
NAME	AMICA, JUAN O	12 NAME	Oscar J. Amigarelli.
STREET ADDRESS	1820 E HALLANDALE BEACH BLVD #904	13 STREET ADDRESS	301 Golden Isles Dr. Suite 109.
CITY ST ZIP	HALLANDALE FL 33009	14 CITY ST ZIP	Hallandale, FL 33009.
TITLE		21 TITLE	D. ☐ Change ☒ Addition
NAME		22 NAME	Carlos H Gimenez
STREET ADDRESS		23 STREET ADDRESS	3410 Emerald Point Drive, Suite #1602
CITY ST ZIP		24 CITY ST ZIP	Hollywood, FL 33021.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 04-26-95 4555134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0422247 FP