

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000090617 (9)

1. Corporation Name

SOUTHERN SALES & SERVICES, INC.

Principal Place of Business

Mailing Address

204-01 N.W. 2ND AVE.
SUITE 206
MIAMI FL 33169

204-01 N.W. 2ND AVE.
SUITE 206
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1994	
4. FEI Number	Applied For
65-0559364	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. <input type="checkbox"/>	
8. <input type="checkbox"/>	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
23. <input type="checkbox"/>	28. <input type="checkbox"/>
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent

KANDEKORE, L. MONTY
204-01 N.W. 2ND AVE.
SUITE 206
MIAMI FL 33169

10. Name and Address of New Registered Agent

B1. Name

B2. P.O. Box Number is Not Acceptable

B3.

B4. City

B5. FL

11. Pursuant to the provisions of Sections 607.02(2) and 607.04(1), 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, thereby, and is not the appointment of a registered agent. This change will not affect the corporation's tax status under Florida Statutes.

SIGNATURE _____

12. OFFICER'S AND DIRECTOR'S	13.
1. NAME: D KANDEKORE, L. MONTY	1.1 NAME
2. STREET ADDRESS: 204-01 N.W. 2ND AVE., STE. 206	2.1 STREET ADDRESS
3. CITY, STATE: MIAMI FL 33169	3.1 CITY, STATE
4. TITLE	4.1 TITLE
5. NAME	5.1 NAME
6. STREET ADDRESS	6.1 STREET ADDRESS
7. CITY, STATE	7.1 CITY, STATE
8. TITLE	8.1 TITLE
9. NAME	9.1 NAME
10. STREET ADDRESS	10.1 STREET ADDRESS
11. CITY, STATE	11.1 CITY, STATE
12. TITLE	12.1 TITLE
13. NAME	13.1 NAME
14. STREET ADDRESS	14.1 STREET ADDRESS
15. CITY, STATE	15.1 CITY, STATE
16. TITLE	16.1 TITLE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.02(2) and 607.04(1), Florida Statutes. I further certify that the information 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 office or registered agent, or both, of the corporation, and that my name appears in Block 12 of Block 13. I request to be on an officer's list with my address.

SIGNATURE: *L. Monty Kandekore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. MONTY KANDEKORE

8-1-95 (201) 651-3080

CR2E034 (3/95)