

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000032770 (6)

1. Corporation Name  
**FLORIDA INTERNATIONAL SLS, INC.**



Principal Place of Business: 3873 48TH AVENUE SOUTH ST. PETERSBURG FL 33711  
Mailing Address: 3873 48TH AVENUE SOUTH ST. PETERSBURG FL 33711

3. Date Incorporated or Qualified: 04/24/1995  
3a. Date of Last Report  
4. FEI Number: 59-3310577  
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

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

9. Name and Address of Current Registered Agent  
**BRONSTEIN, JOEL D ESQ.  
150 SECOND AVENUE NORTH  
SUITE 1100  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
81 Name: Segundo, Sara Ardila  
82 Street Address (R.F. Box Number is Not Acceptable): 3873 48th Avenue South  
83  
84 City: St. Petersburg FL 85 Zip Code: 33711

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: *Sara Ardila Segundo* Sara Ardila Segundo, Director 26 APR 96  
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when re-stating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SEGUNDO, ARDILA	
STREET ADDRESS: 3873 48TH AVENUE SOUTH	
CITY-ST-ZIP: ST. PETERSBURG FL 33711	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SEGUNDO, ERNEST C JR.	
STREET ADDRESS: 3873 48TH AVENUE SOUTH	
CITY-ST-ZIP: ST. PETERSBURG FL 33711	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME:	Segundo, Sara Ardila
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 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)(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: *Sara Ardila Segundo* 26 APR 96 (813) 866-1416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)