

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000071779 (9)**

1. Corporation Name
SOUTH & NORTH CONNECTION, INC.

Principal Place of Business
**10411 S.W. 41ST STREET
MIAMI FL 33165**

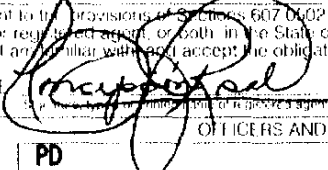
Mailing Address
**10411 S.W. 41ST STREET
MIAMI FL 33165-4923**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1995		3a. Date of Last Report 04/09/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3334447		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROSAL, GILBERTO 10411 S.W. 41ST STREET MIAMI FL 33165				10. Name and Address of New Registered Agent			
				81. Name CONCEPCION ROSAL			
				82. Street Address (P.O. Box Number is Not Acceptable) 10411 S.W. 41 Street			
				83. Miami, FL 33165			
				84. City FL			
				85. Zip Code			

11. Pursuant to the provisions of Sections 607.0102 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:  DATE: **March 24, 1997**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE PD				1.1 TITLE PD			
2. NAME ROSAL, GILBERTO				1.2 NAME CONCEPCION ROSAL			
3. STREET ADDRESS % 10411 S.W. 41ST STREET				1.3 STREET ADDRESS 10411 S.W. 41st. Street			
4. CITY - ST - ZIP MIAMI FL 33165				1.4 CITY - ST - ZIP MIAMI FL 33165			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. TITLE PD				2.1 TITLE			
6. NAME GARCIA, ENRIQUE				2.2 NAME			
7. STREET ADDRESS 3300 N.E. 192ND ST. #1406				2.3 STREET ADDRESS			
8. CITY - ST - ZIP AVENTURA FL 33180				2.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
9. TITLE				3.1 TITLE			
10. NAME				3.2 NAME			
11. STREET ADDRESS				3.3 STREET ADDRESS			
12. CITY - ST - ZIP				3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. TITLE				4.1 TITLE			
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY - ST - ZIP				4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
17. TITLE				5.1 TITLE			
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY - ST - ZIP				5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21. TITLE				6.1 TITLE			
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 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:  **GILBERTO, ROSAL** DATE: **3/24/97** (305) 551 7553

CR2E034 (9/96)