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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071779

1. Corporation Name

SOUTH & NORTH CONNECTION, INC.

Principal	Place of	Business

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90094 049 ***150.00



Principal Place	e of Business	Mailing Address				1				:
10411 S.W. 415	ST STREET .	10411 S.W. 41ST STREET				1				,
MIAMI FL 3316	5	MIAMI FL 33165				DO NOT WRITE IN	THIC COA	CE		
						3. Date Incorporated or Qualifed	11110 017			
ļ						09/18/1995)
<u> </u>	f D	De Mailles Address				4. FEI Number	_	1 7	pplied For	,
⊢	lace of Business	2a. Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J		ı
21		26				59-3334447			ot Applicable	ı
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ф		Additional lequired	
22		27								ı
City & State	0	City & State				6. Election Campaign Financing	نحصت		May Be to Fees	المستعرب
23						Trust Fund Contribution			to rees	. !
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes the current ye	ar Intangii		□No	. 1
24	25	29	30	Т		Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Regist	elea whe			ı
pne	SAL, CONCEPCION			"	Name					ı
	11 S.W. 41ST STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				ŀ
										!
MIAI	MI FL 33165			83						ı
				84	City	· · · · · · · · · · · · · · · · · · ·	8	5 Zip	Code	i
}				1 1	Ť		FLI	1 .		1
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statut	es, the	above	-named corpo	ration submits this statement for the purpo	se of char	nging it	s registered	ı
office or r	registered agent, or both, in the State i im familiar with, and accept the obligat	of Florida. Such change was a tions of Section 607.0505. Flo	uthorize rida Sta	ea by itutes.	the corporation	n's board of directors. I hereby accept the	appointme	nt as o	egistered	ı
	in familiar that, and accept the obliga-					•				ı
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registere	d Agen	t signature required	when reinstating) DA	TE			1 a
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER	RS AND D	RECT	ORS IN 12	11/98)
. TITLE	PD	☐ DELETE	1.1 1	ITLE				Change	☐ Addition	į
NAME	ROSAL, CONCEPCION		1.2 1	NAME	l					۲
STREET ADDRESS:	OF ADAMA ONLY MADE OFFICE		1.3 9	STREET	ADORESS					Ì
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TITLE	PD	☐ DELETE	_	TITLE				Change	Addition	ا ح
NAME	GARCIA, ENRIQUE		2.21	AME						
STREET ADDRESS	3300 N.E. 192ND ST. #1406				ADDRESS					
	AVENTURA FL 33180		_		1					ĺ
CITY-ST-ZIP	AVENTONA PL 33100	☐ DELETE	_	CITY-S TITLE	1-219			Change	Addition	i
TITLE	}									i
NAME			====	NAME				شتب		-
STREET ADDRESS					ADDRESS					l
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TITLE	}	☐ DELETE .	1	TITLE	\ .	•	Ц	Unange	☐ worldon	ĺ
NAME			4.2	NAME						ĺ
STREET ADDRESS			4.3 8	STREET	ADDRESS					l
CITY-ST-ZIP			4.4 (CITY-\$1	r-zip					
TITLE)	☐ DELETE		TITLE	Ì			Change	☐ Addition	i
NAME	1		■ 521	NAME						i
			J.Z.		l l					1
STREET ADDRESS					ADDRESS					
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		☐ DELETE	5,3 S 5,4 C	STREET	_			Change	Addition	
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CITY-ST-ZIP TITLE		☐ DELETE	5.3 S 5.4 C 6.1 T 6.2 P	STREET CITY-ST TITLE NAME	_			Change	Addition	1

14. I 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactoment with an address, with all other like empowered.

SIGNATURE:

EQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR