


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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000077688 (6)**

1. Corporation Name

SOUTH AMERICAN CONNECTION, INC.

Principal Place of Business

**10800 S.W. 139 AVENUE
MIAMI FL 33186**

Mailing Address

**10800 S.W. 139 AVENUE
MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0630122	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COURSEN, JEANETTE
10800 S.W. 139 AVENUE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELET	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	1.2 NAME	
STREET ADDRESS	DELET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	1.4 CITY-ST-ZIP	
TITLE	DELET	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	2.2 NAME	
STREET ADDRESS	DELET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	2.4 CITY-ST-ZIP	
TITLE	DELET	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	3.2 NAME	
STREET ADDRESS	DELET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	3.4 CITY-ST-ZIP	
TITLE	DELET	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	4.2 NAME	
STREET ADDRESS	DELET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	4.4 CITY-ST-ZIP	
TITLE	DELET	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	5.2 NAME	
STREET ADDRESS	DELET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	5.4 CITY-ST-ZIP	
TITLE	DELET	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	6.2 NAME	
STREET ADDRESS	DELET	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELET	6.4 CITY-ST-ZIP	

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 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:

Jeanette J. Coursen

April 21, 1998 305-386-6371

CR2E034 (10/97)