

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000082374 (6)**

1. Corporation Name
SOUTHEAST INC.

Principal Place of Business

**5125 SW 112TH CT
MIAMI FL 33165
US**

Mailing Address

**5125 SW 112TH CT
MIAMI FL 33165-6048
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
10/24/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0636511

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

9. Name and Address of Current Registered Agent

**MACIAS, EDUARDO
5125 SW 112TH CT
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 agent, and hereby certifies that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

P
MACIAS, EDUARDO
5125 SW 112 CT
MIAMI FL 33165
ST
MACIAS, MANUEL
5125 SW 112TH CT
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I, the undersigned, 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 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 agent or authorized agent, or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/67

(308)
272-4655

0222236

CR2E034 (9/96)