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Secretary of State

03-01-1999 90158 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002178

1. Corporation Name
SOUTHERN BENDIX, INC.

Principal Place of Business
13785 NW 7 AVE
MIAMI FL 33168

Mailing Address
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0628366
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

Zip
24

Country
29

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERS, ROBERT H
~~L752570~~ Delete this line
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154

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 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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	D MANNO, MICHAEL	13785 NW 7 AVE	MIAMI FL 33168	
	D MANNO, PAUL	13785 NW 7 AVE	MIAMI FL 33168	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1					
2.1					
3.1					
4.1					
5.1					
6.1					

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 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, with all other like empowered.

SIGNATURE: X *Paul Manno* 1-18-99 Date 305 864 7531 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL MANNO

CR2E034 (1/98)