

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90051 006 \*\*\*150.00

0232536

**DOCUMENT # P96000003461**

1. Entity Name  
**SCIENTIFIC SOUTHERN, CORP.**

Principal Place of Business      Mailing Address  
**5755 SW 117TH AVENUE**      **5755 SW 117TH AVENUE**  
**MIAMI FL 33183**                      **MIAMI FL 33183**

2. Principal Place of Business      3. Mailing Address  
**11154 SW 71 LANE**      **11154 SW 71 LANE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country  
**33173**      **USA**      **33173**      **USA**

4. FEI Number      **65-0634183**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**TORRES, AUGUSTO A**  
**5755 SW 117TH AVENUE**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

Name      **AUGUSTO A. TORRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11154 SW 71 LANE**  
 City      **Miami**      **FL**      Zip Code  
**33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*      DATE 4/5/01  
Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>TORRES, AUGUSTO A</b>	
STREET ADDRESS	<b>5755 SW 117TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGUSTO A. TORRES</b>	
STREET ADDRESS	<b>11154 SW 71 LANE</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*      DATE 4/5/01      DEPHONE # (305) 5989332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      DePhone #

CR2E034 (10/00)