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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P96000011223
SOUTHERN CONE A	DVISORS, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90249 035 ***150.00

0001116	THE COME ADVIOLITIES IN	.								
Principal Place	e of Business	Maili	ng Address					11661 15841	11010 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2626 NW 64TH	BLVD	2626	NW 64TH BLVD							
BOCA RATON	FL 33496	BOC	A RATON FL 33496				DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed	SFACE		
							01/30/1996			
2 Dringing D	lace of Business	2a. N	Mailing Address				4. FEI Number		Anni	ied For
<u> </u>	sace of business		naming Address				65-0636882	-		Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.				05 0030862	\$8	•	ditional
	#, U .	27	uite, Apt. #, etc.				5. Certificate of Status Desired	+	e Requ	
City & State	Β		City & State				6. Election Campaign Financing	\$5	.00 м	lav Bo
	C	28	ony a onato				Trust Fund Contribution		ded to	
Zip	Country		ip	Cou	ntry		8. This corporation owes the current year Int			
24	25	29	··P	30	,		Personal Property Tax.	Yes		⊋ No
24	9. Name and Address of Curr		red Agent	301	1		10. Name and Address of New Registered	Agent		
	0.				81	Name				
ANT	ONIONI, NADAL									
	NW 64TH BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ĺ
BOO	A RATON FL 33496				83				-	
				ļ	84	City	FL	85	Zip Co	xde
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. gations of, \$	Such change was a section 607.0505, Flo	uthorized rida Statu	i by utes.	the corporatio	oration submits this statement for the purpose of m's board of directors. I hereby accept the appo	changir ntment	g its regi	egistered stered
	Signature, typed or printed name of registered a				Agen	t signature required		ID DIDE	CTOE	C IN 12
12.	OFFICERS A	AND DIREC	DELETE	13.	n c		ADDITIONS/CHANGES TO OFFICERS A			Addition
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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 a hour 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 record by the true true 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, of on an attack part with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR