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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000018843 (8)**

1. Corporation Name
SOUTH NETWORK CORPORATION

Principal Place of Business	Mailing Address
245 SE 1ST STREET #438 MIAMI FL 33131	245 SE 1ST STREET #438 MIAMI FL 33131-1905

3. Date Incorporated or Qualified: 02/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 20231 N.E. 15 ct
22: Suite, Apt. #, etc.
23: City & State: N. Miami - FL
24: Zip: 33179 25: Country: U.S.A

2a. Mailing Address
26: 20231 N.E. 15 ct
27: Suite, Apt. #, etc.
28: City & State: N. Miami - FL
29: Zip: 33179 30: Country: U.S.A

4. FEI Number: 65-0655597 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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
LOPEZ, RAUL
245 SE 1ST STREET #438
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: SILVA, PAULO
82 Street Address (P.O. Box Number is Not Acceptable): 20231 N.E. 15 ct
83:
84 City: N. Miami FL 85 Zip Code: 33179

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, Sections 607.0505, Florida Statutes.

SIGNATURE: [signature] 1-14-97
Signature of new registered agent, if changing (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINS, LUIZ 245 SE 1ST STREET #438 MIAMI FL 33131	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MARTINS, LUIZ 20231 N.E. 15 Ct. N. Miami - FL 33179	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHADO, RICARDO 245 SE 1ST STREET #438 MIAMI FL 33131	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MACHADO RICARDO 20231 N.E. 15Ct N. Miami, FL 33179	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, PAULO 245 SE 1ST STREET #438 MIAMI FL 33131	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SILVA PAULO 20231 N.E. 15Ct N. Miami - FL 33179	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, RAUL 245 SE 1ST STREET #438 MIAMI FL 33131	[X] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (9/96)

14. I do 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: [signature] 1-14-97 305-655-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01751112