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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000047864 (9)

SOUTHERN INTERNATIONAL PRODUCTS, INC.

Principal Place of Business

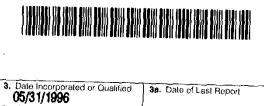
2. Principal Place of Business

Mailing Address

8955 NW 1ST AVE. MIAMI FL 33150

8955 NW 1ST AVE. MIAMI FL 33150-2404

## **FILED** Jun 18 1997 8:00am Secretary of State



	ace of Business	2a. Mailing Address	- C		4. EEI Number		T T	
21 2600	D S. STATE RO#7	26 P.U. BOX	380	172	65.06736	<b>3</b>	Applied For	
Suite, Apt.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	)	- <del> </del>	Not Applicable 8.75 Additional	
City & State		City & State			5. Certificate of Status Desired		Fee Required	
	COUNTY FLA	28 M/A	F-C Contry		Election Campaign Financing     Trust Fund Contribution	L.J ,	55.00 May Be Added to Fees	
24 3 30	2.3	20 33238-01723	المالية		8. This corporation has liability to	r intangible tax t	Inder s. 199,032.	
الرو و المع	9. Name and Address of Current F		<u> </u>		Fiorida Statutes	Yes DiMa	3	
HAWKINS, FRAZIER 81					10. Name and Address of New Registered Agent			
	NW 1ST AVE.	82	Charact A Li	voot Adday voo D				
Miami FL 33150				Street Address (P.O. Box Number is Not Acceptable)				
			33					
			34	City			}	
•					A5 Zio Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the evenamed corporation submits this statement for the purpose of changing its registered of floreous registered agent, or both, in the State of Florida, Such change was authorize by the corporation's board of directors. Legislating the purpose of changing its registered								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the evenamed corporation submits this statement for the purpose of changing its registered of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.								
SIGNATURE								
12.	Signature, typed or printed name of registered agent a OFFICERS AND D	nd title if applicable (NOTE: F	RegisterAgent	signature required		DATE		
TITLE	D OFFICERS AND L	DELETE	1.1 %	1.75	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
NAME	HAWKINS, FRAZIER		1.2 IE	140	William Kana	লি জ	iange Addition	
STREET ADDRESS	8955 NW 1ST AVE.		1.3 SET AC	nness 2	0 C v 250 122	مسر	N/A :	
CITY-ST-2IP	MIAMI FL 33150		1.4 (- ST-)	710	4132 300112		744	
TITLE		☐ DELETE	2.17	190	WKINS Frazion RBL 380172 14 Mi FC 33	238-01	72'	
NAME			2.7 €			L_J Cha	ange L_I Addition   C	
STREET ADDRESS			2.3 £1 AD	DRESS				
CITY-ST-ZIP			2.4-51-	ZIP				
TITLE		☐ DELETE	311			Cha	ange Addition	
NAME			3.21				ac FT vogition	
STREET ADDRESS			3.3 ST AD	DRESS			{	
CITY-ST-ZIP		The state of the s	3.4. (S1 - Z	ZIP .			(	
TITLE		↓ DELETE	4.1 Tr			☐ Chai	nge Addition	
NAME			4 2 1	}			-	
STREET ADDRESS			4 3 S1ADD	· · · · · ·			}	
CITY-ST-ZIP TITLE	<del></del>	☐ DECETE	4.4 CT - ZI 5.1 TI	IP		····	1	
NAME		La Decerte	5.2 N	ļ		☐ Char	nge 🔲 Addition	
STREET ADDRESS			53 S ADD	IRFee			(	
CITY-ST-ZIP			5.4 Cy - Z/A					
TITLE		DELETE	6.1 Ti	<u></u>				
NAME			6.2 N/	}		∟] Chan	ige Addition	
STREET ADDRESS			6.3 SADDI	RESS			Ì	
CITY-ST-ZIP		·	64 Q - ZIP	<u>.</u> ]			1	
14. I do hereby certify that the information supplied with this filing does not qualify for then plion 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 rate and that my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed, or on an attachnient with an address.								
SIGNATURE: JUNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF THE POR DIRECT Y - 25 - 9 7 305-949-8619								