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FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000047864 (9)

1. Corporation Name

SOUTHERN INTERNATIONAL PRODUCTS, INC.



Principal Place of Business

8955 NW 1ST AVE.
MIAMI FL 33150

Mailing Address

8955 NW 1ST AVE.
MIAMI FL 33150-2404

3. Date Incorporated or Qualified

05/31/1996

3a. Date of Last Report

2. Principal Place of Business

21 3600 S. STATE RD #7

Suite, Apt. #, etc.

22 Suite 372

City & State

23 MIRAMAR FLA

Zip

24 33023

Country

2a. Mailing Address

25 P.O. Box 380172

Suite, Apt. #, etc.

27

City & State

28 MIA FL

Zip

29 33238-0172

Country

4. FEI Number

65-0673633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

HAWKINS, FRAZIER
8955 NW 1ST AVE.
MIAMI FL 33150

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAWKINS, FRAZIER

STREET ADDRESS 8955 NW 1ST AVE.

CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E ☐ Change ☐ Addition

1.2 E HAWKINS, FRAZIER

1.3 E P.O. Box 380172

1.4 E MIA MI FL 33238-0172

2.1 E ☐ Change ☐ Addition

2.2 E

2.3 E

2.4 E

3.1 E ☐ Change ☐ Addition

3.2 E

3.3 E

3.4 E

4.1 E ☐ Change ☐ Addition

4.2 E

4.3 E

4.4 E

5.1 E ☐ Change ☐ Addition

5.2 E

5.3 E

5.4 E

6.1 E ☐ Change ☐ Addition

6.2 E

6.3 E

6.4 E

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 rate 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 file 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:

Frazier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 305-949-8619
Date

CR2E034 (9/96)