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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000092516**1. Corporation Name

SOUTHERN CROSS-UNITED, INC.

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90044 048 \*\*\*150.00



Principal Pla	ce of Business	Mailing Address				1 1002/1007 140 103/10 03/11 00/12 04/12 05/11		1 17 <b>517 5</b> 1/1   <b>55</b> /
13971 SW 159 TERR 13971 SW 159 TERR						· ·		
MIAMI FL 333	04	MIAMI FL 33304				DO NOT WRITE IN	THIS SPACE	
,		•				3. Date Incorporated or Qualifed	THIS SPACE	<b></b>
						11/12/1996		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	Ai	pplied For
21		26				65-0708337	N <sub>0</sub>	ot Applicable
Suite Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional
22		27				5. Controlle of Challes Desired	Fee R	equired
City & Sta	ate	City & State				6. Election Campaign Financing		May Be
23		28	<u> </u>			Trust Fund Contribution		to Fees
Žip	Country	Zip	Count	ry		8. This corporation owes the current year	ar Intangible ☐ Yes	□No
24	25 9. Name and Address of Cur	29	30			Personal Property Tax.  10. Name and Address of New Registe		
	9, Name and Address of Cdi		. 8	1 Nam	9	10. Name and Address of New Registe	neu Agent	
SCI	HNITZER, GERALD S	i i national			-			
	5 E. SUNRISE BLVD.	"	8	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
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FOI	RT LAUDERDALE FL 33304		Ľ	<u> </u>			4.严格的 <b>说</b> 。	
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office or	t to the provisions of Sections 607.6 registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Such change was :	authorized b	y the cor	d corpo poratior	ration submits this statement for the purpos n's board of directors. I hereby accept the a	se of changing its ppointment as re	registered egistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Ag		e required	when reinstating) DAT		·
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CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZiP