

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000009819 (8) 1. Corporation Name SOUTH SERVICES, INC.					
Principal Place of Business 1840 W 49th STREET SUITE 603-S HIALEAH, FL 33012			Mailing Address 1840 W 49th STREET SUITE 603-S HIALEAH, FL 33012		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 4471 NW 36th STREET Suite, Apt. #, etc. 22 254 City & State 23 MIAMI SPRINGS, FL Zip 24 33166 Country 25 USA		2a. Mailing Address 26 4471 NW 36th STREET Suite, Apt. #, etc. 27 254 City & State 28 MIAMI SPRINGS, FL Zip 29 33166 Country 30 USA		3. Date Incorporated or Qualified 01/27/1997 4. FEI Number 65-0748362 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 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent HART, DAVID J 100 N BISCAYNE BLVD SUITE 2600 MIAMI, FL 33132				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 required for each change of office or agent, and for the corporation) (Date) _____					
12. OFFICERS AND DIRECTORS 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 NAME STREET ADDRESS CITY-ST-ZIP 13 NAME STREET ADDRESS CITY-ST-ZIP 14 NAME STREET ADDRESS CITY-ST-ZIP 15 NAME STREET ADDRESS CITY-ST-ZIP 16 NAME STREET ADDRESS CITY-ST-ZIP 17 NAME STREET ADDRESS CITY-ST-ZIP 18 NAME STREET ADDRESS CITY-ST-ZIP 19 NAME STREET ADDRESS CITY-ST-ZIP 20 NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP 22 TITLE NAME STREET ADDRESS CITY-ST-ZIP 23 TITLE NAME STREET ADDRESS CITY-ST-ZIP 24 TITLE NAME STREET ADDRESS CITY-ST-ZIP 25 TITLE NAME STREET ADDRESS CITY-ST-ZIP 26 TITLE NAME STREET ADDRESS CITY-ST-ZIP 27 TITLE NAME STREET ADDRESS CITY-ST-ZIP 28 TITLE NAME STREET ADDRESS CITY-ST-ZIP 29 TITLE NAME STREET ADDRESS CITY-ST-ZIP 30 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.06(1), 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 registered agent or authorized 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4/28/98

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