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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017828 (9)

SOUTH SUNCOAST, INC.

Principal Place of Business Mailing Address 807 SW 25TH AVE. STE 301D 807 SW 25TH AVE. STE 301D MIAMI FL MIAMI FL

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified 02/21/1997			
2. Principal Pi	ace of Busin	ness	2a.	Mailing Address				4 FEI Number			oplied For
	SW 13		26	2853 SW	132	CT.		55-0733718		<u> </u>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.				5. Certificate of Status Desired		+	Additional equired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23 MIAN	M1, F	<u>'L</u>	28	MIAMI,	FI			Trust Fund Contribution		Added	to Fees
Zip	3175	Country MIAMI - I	ייים או	Zip 33175	<u> </u>	Country MIAMI -	DA DE	8. This corporation owes or has pe	_		
24 33				[30]	1111111	DEDL				No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DENIA DATACI 81 Name											
PENA, RAFAEL											
807 SW 25TH AVE. STE 301D MAMI FL						82 Stre	et Addre	ss (P.O. Box Number is Not Acceptal	ble)		
MI					83	<u>. , , , , , , , , , , , , , , , , , , ,</u>	5W 132 CI				
						84 City	MIA	MT	FL	85 Zip	Code 3175
11. Pursuant	to the provis	ions of Sections 607	0502 and 60	7 1508 Florida Sta	tutes ti	he shove-nam	ed corno	oration submits this statement for the	nurnose of	changing i	ts registered
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 DIRECT	TORS	T	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	PTD			DELETE		1.1 TITLE				Change	Addition
NAME	PENA,	rafael				1.2 NAME					
STREET ADDRESS	807 SW	25TH AVE. STE	301D			1.3 STREET ADDRE	s				
CITY-ST-ZIP	MAMI I	FL				1.4 CITY-ST-ZIP					
TITLE	VSD			☐ DELETE		2.1 TITLE				Change	Addition
NAME	PENA, I	MARCIA			ı	2.2 NAME					
STREET ADDRESS	807 SW	25TH AVE. STE	301D			2.3 STREET ADDRE	s				
CITY-ST-ZIP	MIAMI I	FL				2.4 CITY - ST - ZIP					
TITLE				☐ DELETE		3.1 TITLE				L Change	Addition
NAME					ł	3.2 NAME	ł				
STREET ADDRESS					1	3.3 STREET ADDRE	s				
CITY-ST-ZIP					-	3.4. CITY-ST-ZIP					
TITLE				☐ DELETE	1	41 TITLE			ļ	L. Change	☐ Addition
NAME					ı	4. 2 NAME	1				
STREET ADDRESS						4.3 STREET ADDRE	s				
CITY - ST - ZIP				I DELEVE	_	4.4 CITY - ST - ZIP	\perp			Chance	Additi
TITLE				☐ DELETE		5.1 TITLE				Change	☐ Addition
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRE	S				
CITY-ST-ZIP TITLE			****	☐ DELETE		5.4 CITY-ST-ZIP 6.1 TITLE				Change	Addition
NAME				C Deceip		6.2 NAME					Addition
[1				ı	***					
STREET ADORESS					1	6.3 STREET ADDRE	٥				
CITY-ST-71P					ı	6.4 CITY-ST-7IP					

Thereby 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.

GNATURE:

SIGNATURE: