

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000025821 (4)

1. Corporation Name  
SFC CORPORATE SERVICES INC.



Principal Place of Business

Mailing Address

2 222 PONCE DE LEON BOULEVARD  
SUITE 502  
CORAL GABLES FL 33134

2 222 PONCE DE LEON BOULEVARD  
SUITE 502  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

2. Principal Place of Business

2a. Mailing Address

21 2222 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
22 Suite 502

26 2222 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
27 Suite 502

4. FEI Number

05-0748798

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

23 City & State  
Coral Gables, FL  
24 Zip 33134 25 Country US

28 City & State  
Coral Gables, FL  
29 Zip 33134 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NS CORPORATE SERVICES INC.  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CASTILLO, MARTHA G  
STREET ADDRESS 2222 PONCE DE LEON BLVD., SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME CASTILLO, FELIX R  
STREET ADDRESS 2222 PONCE DE LEON BLVD., SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME SLOSBERGAS, NELSON  
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400  
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME FERNANDEZ, EDUARDO  
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400  
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

CR2E034 (10/97)

PE  
3-27  
DEP. \$150.00