FILE NOW: FILING FEE AFTER MAY 1ST IS:\$556,00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 21 1998 8:00am Secretary of State

Sic	I CON SOUTH	, INC.		
Principal Place of Business Mailing Address FL. 5209 NW. 74 AVE # 218 M'Am' FL. 33166				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified APRIL 14-1947
2. Principal F	Place of Business RL. (SAME)	2a. Mailing Address 26 52 09 NW	. DY AVA	4 FELN imper
Suite, Apt 22 # 2 /	<i>'B</i>	Suite, Apt. #, etc.		5. Certificate of Status Desired
	mi FL.	City & State	FL.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution C Added to Fees
Zip 3 3 4		29 3 3/16	Country 30 USM	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent	01 None	10. Name and Address of New Registered Agent
1			81 Name	HECTOR DIVENOSA
				Address (P.O. Box Number is Not Acceptable) 5209 ルル・ケイタル # 218
			84 Cily	MiAmi FL 85 Zip Code 3.3 166
office or r agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was a jations of, Section 607.0505, Flo	es, the above-named uthorized by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typed or printed name or registered as	ent and title if anotic able (NOTE	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	PRESIDENT Change Addition
NAME			1.2 NAME	TOD D2 PF 22/NI
STREET ADDRESS			1.3 STREET ADDRESS	JOR DE PEZZINI JOA QUIN V. GONZACES 406 CAP. FED.
CITY-ST-ZIP			1.4 CITY-ST-7/P	ARGENTINA
TITLE		DELETE	2.1 TITLE	VICE PRESIDENT Change Addition
NAME	1		2.2 NAME	HRCTOR DIVENOSA
STREET ADDRESS			2.3 STREET ADDRESS	LAVALIE 1569 CAP. FED.
CITY-ST-ZIP			2 4 CITY - SF - ZIP	ARGENTINA
TITLE .		☐ DELETE	3.1 THTLE	SRCRETARY Change Addition
NAME			3.2 NAME	TORGE PRZZINI
STREET ADDRESS			3.3 STREET ADDRESS	TOAQUIN V. GONZALES 406 CAV. FED.
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ARGENTINA
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	}		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TRILE	Change Addition
NAME			5.2 NAME	\mathcal{L}_{1}
STREET ADDRESS			5.3 STREET ADDRESS	<1/h 4/2/
CITY-ST-ZIP		T access	5.4 CITY - \$1 - ZIP	1114
TITLE		☐ DELETE	6.1 TITLE	90000249 % 570 (Marion) -04/22/9801009011
NAME			6.2 NAME	-04/22/9801009011
STREET ADDRESS			6.3 STREET ADORESS	***150.00
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or or an attachment with an address.

SIGNATURE:

305-594-4512