

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042829 (6)
 1. Corporation Name
SOUTHWAY, INC.



Principal Place of Business 419 WEST 49TH STREET SUITE 209 HALEAH FL 33012	Mailing Address 419 WEST 49TH STREET SUITE 209 HALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6930 N.W. 84 AVE	2a. Mailing Address 26 6930 N.W. 84 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33166	25 Country U.S.A.
29 Zip 33166	30 Country U.S.A.

3. Date Incorporated or Qualified 05/14/1997	4. FEI Number 65-0752504	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GARCES, ADA 419 WEST 49TH STREET SUITE 209 HALEAH FL 33012		10. Name and Address of New Registered Agent	
81 Name ROBERTO GARCES	82 Street Address (P.O. Box Number is Not Acceptable) 6930 N.W. 84 AVE.	83	84 City MIAMI
		85 State FL	86 Zip Code 33166

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARCES, ADA		1.2 NAME ROBERTO GARCES	
STREET ADDRESS 419 W 49TH ST, #209		1.3 STREET ADDRESS 6930 N.W. 84 AVE.	
CITY-ST-ZIP HALEAH FL 33012		1.4 CITY-ST-ZIP MIAMI, FL. 33166	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: **1-6-98**

CR2E034 (10/97)