

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 05 1998 8:00am  
Secretary of State

DOCUMENT # P97000045288 (2)

1. Corporation Name

SOUTHERN COMMERCE, INC.



Principal Place of Business

714 NW 111TH PLACE  
SUITE 5  
MIAMI FL 33172

Mailing Address

714 NW 111TH PLACE  
SUITE 5  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

2. Principal Place of Business

21 3418 N.W. 79 Way

2a. Mailing Address

26 3418 N.W. 79 Way

4. FEI Number

65-0757249

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

9. Name and Address of Current Registered Agent

ALZATE, SALCEDO  
714 NW 111TH PLACE  
SUITE 5  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name ALZATE SALCEDO  
82 Street Address (P.O. Box Number is Not Acceptable)  
3418 N.W. 79 Way  
83 DAVIE FLA  
84 City

FL

85

Zip Code  
33024

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

TITLE P  
NAME ALZATE, OSCAR SALCEDO  
STREET ADDRESS 714 NW 111TH PLACE, APT 5  
CITY-ST-ZIP MIAMI FL 33172

TITLE V  
NAME ADOLFO EMILIO VALENCIA HOYOS  
STREET ADDRESS CALLE 94 #16-90, APT 202  
CITY-ST-ZIP STA. FE DE BOGOTA, COLOMBIA

TITLE T  
NAME ALBA TERESA MORENO LOPEZ  
STREET ADDRESS CALLE 94 #16-90, APT 202  
CITY-ST-ZIP STA. FE DE BOGOTA, COLOMBIA

TITLE S  
NAME BLANCA NELLY VALENCIA MONTES  
STREET ADDRESS 714 NW 111TH PLACE, APT 5  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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.

SIGNATURE

CR2E034 (5/98)

Miami 07/25/98 (2)

To whom it may concern

This first notice was sent  
to incorrect address, that was the  
reason we never rec'd the annual  
report packet.

In this form we wrote the  
right address and mailing address to.

Thank you for your attention

OSCAR SALCEDO ALZATE  
President