PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # PO700054168

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90005 029 ***158.75

1. Corporation SOUTHE	RN RENTALS, INC.								
Principal Place	e of Business	Mailing Add	ress			£ (88)(88) (48 18)(1 180)(1 88)(1 88)	II 40III BEIOI EI	**** 41401 110	
766 SW 7TH ST	Ī	766 SW 7TH							
HOMESTEAD FL	∟ 33030	HOMESTEAD	FL 33030			DO NOT WRIT	E IN THIS S	SPACE	
US		US				3. Date Incorporated or Qualifed	2 111 77 110 0		
	•					06/19/1997			
2. Principal Pl	lace of Business	2a. Mailing A	Address			4. FEI Number			Applied For
21		 1 -	والوسر بمحودات	f		65-0773087		T	Not Applicable
Suite, Apt.	#, etc.		pt. #, etc.				K.	\$8.75	Additional
22		27				5. Certifcate of Status Desired	<u> </u>	Fee F	Required
City & State	e ` '	City & S	tate			6. Election Campaign Financing		\$5.00	0 May Be
23		28				Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip	-	Country		8. This corporation owes the curre			Ava.
24	25	29	30	J		Personal Property Tax.		Yes	ØNo
	9. Name and Address of Curr	rent Registered Age	ent	81	Name	10. Name and Address of New R	egistered A	gent	
CHO	OS, S. SCOTT ESQ			*'	Name				
15600 SW 288 STREET			Ţ.		Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	E 312			83					
	IESTEAD FL 33033			83					
HOW	IEOTEAD TE 30000			84	City		FL	85 Ziş	o Code
11. Pursuant t	to the provisions of Sections 607.0)502 and 607.1508, I	Florida Statutes,	the above-i	named corpo	oration submits this statement for the	purpose of c	hanging i	ts registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such c	change was autho 607.0505, Florida	orized by the Statutes.	ne corporation	n's board of directors. I hereby accep	t the appoint	lment as	registered
SIGNATURE	Tomas of Brown	Romas	1. 1.	DH NSC	\sim	a	240 - 90	3	Į
			<u> </u>	201 VO	<i>-</i>				(
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Reg	gistered Agent s	signature required	when reinstaung)	DATE SANT	<u> </u>	TORS IN 12
12.	OFFICERS		(NOTE: Reg	gistered Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECT	
TITLE	PD	agent and title if applicable.	(NOTE: Reg	13.	signature required	when reinstaung)	DATE	<u> </u>	
TITLE NAME	PD MENENDEZ, SALVADOR A	agent and title if applicable.	(NOTE: Reg	gistered Agent s 13. 1.1 TITLE 1.2 NAME	signature required	when reinstaung)	DATE	DIRECT	
TITLE NAME STREET ADDRESS	PD MENENDEZ, SALVADOR A 20776 SW 85 PLACE	agent and title if applicable.	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	DDRESS	when reinstaung)	DATE	DIRECT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENENDEZ, SALVADOR A 20776 SW 85 PLACE MIAMI FL 33189	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	DDRESS	ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECT Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE	PD MENENDEZ, SALVADOR A 20776 SW 85 PLACE MIAMI FL 33189 STD	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-; 2.1 TITLE	DDRESS	when reinstaung)	FICERS AND	DIRECT	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MENENDEZ, SALVADOR A 20776 SW 85 PLACE MIAMI FL 33189 STD JOHNSON, RONALD L	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME	ADDRESS ZIP	ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECT Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MENENDEZ, SALVADOR A 20776 SW 85 PLACE MIAMI FL 33189 STD JOHNSON, RONALD L 20011 SW 82 PLACE	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	DDRESS ZIP	ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECT Change	e Addition
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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, with all other like empowered.

SIGNATURE

NTURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 124 99 (301) 247 - 50 10