

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90227 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

1999

DOCUMENT # P97000060291 (6)

1. Corporation Name

SBS INVESTMENTS OF DADE COUNTY, INC. ✓



Principal Place of Business Mailing Address
 9740 E EVERGREEN ST 19310 SW 88 CT
 MIAMI FL 33157 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9740 E EVERGREEN ST		2a. Mailing Address 19310 SW 88 CT		3. Date Incorporated or Qualified 07/10/1997	4. FEI Number 65-0770613	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
State Act # 600		State Act # 600		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State MIAMI FL		City & State MIAMI FL		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33157	Country USA	Zip 33157	Country USA	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 Steve BRAUN 19310 SW 88 CT MIAMI FL 33157				10. Name and Address of New Registered Agent			
				81. Name	Jose C Segarra		
				82. Street Address (P.O. Box Number is Not Acceptable)	19310 SW 88 COURT		
				83.			
				84. City	MIAMI	85. Zip Code	FL 33157

I, _____, agree to the provisions of Sections 607.0502 and 607.1506, 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: Jose Segarra V.P. DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEFFAN	1.2 NAME	
STREET ADDRESS	14620 SW 150 AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33196	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGARRA, JOSE	2.2 NAME	Segarra, Jose
STREET ADDRESS	8325 SW 106 ST	2.3 STREET ADDRESS	19310 SW 88 Court
CITY-STATE-ZIP	MIAMI FL 33156	2.4 CITY-STATE-ZIP	MIAMI, FL 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOMAYER, JOSE	3.2 NAME	
STREET ADDRESS	5700 COLLINS AVE APT 7M	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BCH FL 33140	3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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: Jose Segarra V.P. DATE: 4/27/99

CR2E034 (10/97)