

PROFIT CORPORATION ANNUAL REPORT 1998-1999 AR



FLORIDA DEPARTMENT OF STATE
TAMARA B. KOPPEL
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -8 PM 2:11

DOCUMENT # P97000077637

1. Corporation Name
SOUTH OF THE OVEN, INC.

W99-25725

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

80 SW 8TH STREET, STE 2021
MIAMI, FL 33130

3. Date Incorporated or Qualified 9-9-97
3a. Date of Last Report 4-27-98

2. Principal Place of Business

9200 E BAY HARBOR DRIVE

2a. Mailing Address

9200 E BAY HARBOR DRIVE

4. FEI Number 65-0778784

Applied For Not Applied

Suite, Apt. #, etc. #5

Suite, Apt. #, etc. #5

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State HARBOR ISLANDS, FL

28 City & State HARBOR ISLANDS, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33154

25 Country

29 Zip 33154

30 Country

8. This corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MARGARO C SANCHEZ
17600 NORTH BAY ROAD
MIAMI BEACH, FL 33160

10. Name and Address of New Registered Agent

81 Name TERESITA BROUSSALIS
82 Street Address (P.O. Box Number is Not Acceptable) 9200 E BAY HARBOR DRIVE, STE #5
83
84 City HARBOR ISLANDS, FL 85 Zip Code 33154

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 *Teresita Broussalis*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TERESITA BROUSSALES	
STREET ADDRESS	80 SW 8TH STREET, STE 2021	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARGARO C. SANCHEZ	
STREET ADDRESS	80 SW 8TH STREET, STE 2021	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	TERESITA BROUSSALES	
1.3 STREET ADDRESS	9200 E BAY HARBOR DRIVE, STE #5	
1.4 CITY-ST-ZIP	HARBOR ISLAND, FL 33154	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS	000003106330--8	
2.4 CITY-ST-ZIP	-01/21/00--01067--013	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.091(2)(b), 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 my notarized 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 my name appears in Block 12 or 13. If changed, or on an attachment with an address

SIGNATURE: *Teresita Broussalis* PRESIDENT

7-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR