02191999-90092-043-\$158.75-\$158.75 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

COF	PROFIT RPORATION JAL REPORT 1999	Co Co	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				F	Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90092 043 ***158.75				
DOCUMENT # P98000013666 1. Corporation Name SOUTHERN FACILITIES DEVELOPMENT, INC.												
Principal Place of Business Mailing Address 2901 SW 8TH STREET SUITE 204 2901 SW 8TH STREET SUITE							1 101/101			·.		
MIAMI FL 3313	•	•	MAMI FL 33135				3. Date Incorp	DO NOT WRIT	E IN THIS S	PACE		1
			· · · · · · · · · · · · · · · · · · ·				02/11/19			•		1
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number	815479	,	No	plied For Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate o	Status Desired	0/	\$8.75 A	quired	}
City & State			City & State			Trust Fund		D	\$5.00 Added to			
Zip 24	Country 25	Zip	Country 30			Personal Pr	8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
	9. Name and Addre	as of Current Regi	istered Agent		24	N4	10. Name and	Address of New Re	gistered Aç	jent		-
VALI	DESLEAULT CORPORA	TE SERVICES II	NC:		81	Name						
VALDES-FAULI CORPORATE SERVICES, INC. 500 EAST BROWARD BLVD SUITE 1400					82	Street Ad	idress (P.O. Box Num	ber is Not Acceptat	ole)	•		
FT LAUDERDALE FL 33394							·	·			· · · · · · · · · · · · · · · · · · ·	1
					84			_		eel = 0		1
						City			FL	85 Zip C	. Ode	
office or n	enistered agent or both	in the State of Flor	607.1508, Florida Statuter ida. Such change was aut of, Section 607.0505, Florid	hodzec	l hv 1	named co	rporation submits this stion's board of direct	statement for the pors. I hareby accept	urpose of ch the appointm	anging its nent as reg	registered pistered]
SIGNATURE	in lamilar with, and acce	pr me onlyadoris o	a, Section bor. 0000, Flank	ناطاق مد	<i>.</i>		,					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re					Apant	signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					ଛ
12.		FICERS AND DIR	ECTORS DELETE	13.			ADDITIONS/0	HANGES TO OFFI	_	DIRECTO!	RS IN 12	CR2E034 (11/98)
IIILE	D ARELE CHIR				1.1 TITLE 1.2 NAME			•	,			1 2
NAME STREET ADDRESS	ABELE, CHIP 16140 SW 88TH AVENUE ROA				13 STREET ADDRESS							<u>ജ</u>
CITY-ST-ZP MIAMI FL 33157						-2P						ង្គ
TITLE	D		DELETE 2:							Change	Addition	ਹ
NAME	BOSCHETTI, JOSE				ME	!				•		\ '
STREET ADDRESS 2901 SW BTH STREET SUITE 204						ADORESS						
CITY-ST-ZPP	MIAMI FL 33135		- October	2.40		ZIP		<u> </u>	· ·	Channe	Addition	{
NAME			☐ DET'ELLE	3.1 TD 32 NA			**			_'`∾ w. 	☐ Addition	1
STREET ADDRESS						ADDRESS	•					
CITY-ST-ZIP				34, CITY-ST-ZIP]
TITLE	☐ DELETE		4.1 TITLE					ī	Change	☐ Addition		
NAME				4, 2 N/	WE							-
STREET ADDRESS						ADORESS				-		
CITY-ST-ZIP	DELETE		□ DELETE	4,4 CITY		ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Change	Addition	1
NAME			C Delete	5.1 TIT 5.2 NA		}						1
STREET ADDRESS						ADDRESS		•				ĺ
CITY-ST-ZIP				5.4 CF		ZIP		<u> </u>				
TITLE			□ D€LETE	6.1 117		ŀ			Ē] Change	Addition	[
NAME				6.2 NA						•		
STREET ADDRESS	^	N.		€ 6.3.5₹	ŒFT.	VODRESS						

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 em an officer or director of the corporation or the labelier 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 chapted. Of an analysis ment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SKIMMO OFFICER OR DIRECTOR

FILED