


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

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90092 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000013666					
1. Corporation Name SOUTHERN FACILITIES DEVELOPMENT, INC.					
Principal Place of Business 2901 SW 8TH STREET SUITE 204 MIAMI FL 33135			Mailing Address 2901 SW 8TH STREET SUITE 204 MIAMI FL 33135		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/11/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0815479	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 500 EAST BROWARD BLVD SUITE 1400 FT LAUDERDALE FL 33394			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D			1.1 TITLE		
NAME ABELE, CHIP			1.2 NAME		
STREET ADDRESS 16140 SW 88TH AVENUE ROAD			1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33157			1.4 CITY-ST-ZIP		
TITLE D			2.1 TITLE		
NAME BOSCHETTI, JOSE			2.2 NAME		
STREET ADDRESS 2901 SW 8TH STREET SUITE 204			2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135			2.4 CITY-ST-ZIP		
TITLE D			3.1 TITLE		
NAME BOSCHETTI, JOSE			3.2 NAME		
STREET ADDRESS 2901 SW 8TH STREET SUITE 204			3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135			3.4 CITY-ST-ZIP		
TITLE D			4.1 TITLE		
NAME BOSCHETTI, JOSE			4.2 NAME		
STREET ADDRESS 2901 SW 8TH STREET SUITE 204			4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135			4.4 CITY-ST-ZIP		
TITLE D			5.1 TITLE		
NAME BOSCHETTI, JOSE			5.2 NAME		
STREET ADDRESS 2901 SW 8TH STREET SUITE 204			5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135			5.4 CITY-ST-ZIP		
TITLE D			6.1 TITLE		
NAME BOSCHETTI, JOSE			6.2 NAME		
STREET ADDRESS 2901 SW 8TH STREET SUITE 204			6.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135			6.4 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

305-5417100

Daytime Phone #

CR2E034 (1/98)