

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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

05-10-1999 90231 034 ***158.75

537366 - 90231 - 6 6

DOCUMENT # P98000024859
1. Corporation Name SOUTH 10 Corp.

Principal Place of Business: c/o Ira Nijole, 31 East Sunrise Ave, Coral Gables, Fl. 33133
Mailing Address: c/o Ira Nijole, 31 East Sunrise Ave, Coral Gables, Fl. 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 2a. Mailing Address, 2b. Suite, Apt. #, etc., 2c. City & State, 2d. Zip, Country

3. Date Incorporated or Qualified: 04/17/1998
4. FEI Number: 608-0842364
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [X] No

9. Name and Address of Current Registered Agent
Dade Corporate Services
2300 Coral Way
Suite 103
Miami, Florida 33145

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: *Kvian Williams* (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-99

12. OFFICERS AND DIRECTORS
TITLE: D P S [] DELETE
NAME: Ira Nijole
STREET ADDRESS: 31 East Sunrise Ave
CITY-ST-ZIP: Coral Gables, Fl. 33133
TITLE: VP [] DELETE
NAME: Octavio Bentacourt
STREET ADDRESS: 31 East Sunrise Ave
CITY-ST-ZIP: Coral Gables, Fl. 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: *Octavio Bentacourt* OCTAVIO BENTACOURT 4/16/99 95-856 5558

CR2E034 (11/98)