FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00										FILED			
PROFIT				FLORIDA DEPART			MENT OF STATE			Jan 20 1998 8:00am			
CORPORATION				Sandra B. Mortham				•		Jan 20 1996 6.00am			
ANNUAL REPORT				Secretary of State DIVISION OF CORPORATION			01.10		Secretary of	of C1	tata		
	1998				DIVISION OF	CORP	ORATIO	UNS		_ Scerciary ()I St	iaic	
DOCUI 1. Corporation	n Name	_	354618	_	(1)	,							
SOUTH	iern cro	SS IN	DUSTRIES,	INC.									
Principal Place	e of Business			Ma	ailing Address	- ;						B181 91911 1811.	
2901 LE JEUNE RD.				2	901 LE JEUNE RD.								
#202				#	202					DO NOT WRITE IN TH	IS SDACE		
CORAL GABLES FL 33134 CORAL US US					oral gables fl 331 S	34				3. Date Incorporated or Qualified	IS SI ACE		
						!				05/23/1991			
2. Principal Pl	lace of Busine	ss		<u> </u>	Mailing Address					4. FEI Number		Applied For	
Suite, Apt.	# oto			26	Suite, Apt. #, etc.	- <u>+</u>				65-0263855		Not Applicable	
22	π, φιο.			27	3016, Apr. #, etc.	:				5. Certificate of Status Desired		5 Additional Required	
City & State	9				City & State	Į.				6. Election Campaign Financing	\$5.0	O May Be	
23		-		28	7	: 				Trust Fund Contribution		ed to Fees	
Zip 24	- 2	Cour	try	29	Zip	30	Country	′		This corporation owes or has paid the Personal Property Tax due June 30.	current year Yes	intangible No	
241			ress of Curren		tered Agent	1301			-	10. Name and Address of New Registers			
	PDEVIELLE,		10.				81	Nan	ne				
	PROVE ISLE	DR					82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
	IT C307						83			<u> </u>			
MIA	MI FL 3313:	3				; ;	53						
							84				'L. !	ip Code	
11. Pursuant t	to the provisio	ns of Se	ctions 607.0502	2 and 60	07.1508, Florida Statu ia. Such change was	ites, the	above	e-nam	ed corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the	of changing	g its registered	
agent. I ar	m familiar with	, and a	cept the obliga	tions of	, Section 607.0505, F	iorida (Statutes	5.			(P)		
SIGNATURE .	Signature, typed or	printed na	me of registered ager	nt and title	if applicable. (NO	TE. Hadis	lered Ace	ent sícona	ure require	od when reinstating) DATE	-		
12.	<u> </u>		OFFICERS AND				3.			ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE	D				☐ DELETE		1 TITLE				Chang	ge 🔲 Addition	
NAME	CAPDEVI						.2 NAME						
STREET ADDRESS	MIAMI FL	ISLE	OR #C307				3 STREET		s				
CITY-ST-ZIP TITLE	INIT WALL C				DELETE	_	.4 CITY - S .1 TITLE	11-ZIP	 		Chang	ge Addition	
NAME						2.	2 NAME		Ì		_		
STREET ADDRESS						2.	3 STREET	ADDRES	s				
CITY-ST-ZIP		-				2	4 CITY-	ST-ZIP					
TITLE					☐ DELETE		1 TITLE			-	L. Chang	ge L Addition	
NAME							2 NAME		_				
STREET ADDRESS							3 STREET		•				
CITY - ST - ZIP					DELETE	_	4. CITY - 1 1 TITLE	31-4P	+		Chang	ge Addition	
NAME					<u> </u>	1	2 NAME						
STREET ADDRESS							.3 STREET		s				
CITY-ST-ZIP						4.	4 CMY - S	T-ZIP	_				
TITLE					☐ DELETE		1 TITLE				☐ Chang	ge L Addition	
NAME PTOSET ADDRESS						- 4	.2 NAME	****************	_				
STREET ADDRESS						5.	3 STREET	MUNKES	٥				

Change

Addition

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME