

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

DOCUMENT # V15378 (5)

1. Corporation Name

South Florida Acquisitions, Inc.

Principal Place of Business

Mailing Address

848 Brickell Ave.
Suite 1120
Miami, FL 33131

One Greenway Plaza
Suite 850
Houston, TX 77046-0197

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90012 007 ***158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1992

4. FEI Number
65-0474323

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$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 ☐ No

2. Principal Place of Business
21 2601 S. Bayshore Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
#300-A

27 City & State

23 City & State
Miami, FL

28 Zip

24 33133-5417 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

Shapiro, Robert L.
848 Brickell Avenue, Suite 1120
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name David A. Friedman
82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive
83 Suite 300-A
84 City Miami FL 85 Zip Code 33133-5417

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	Friedman, Leonard E	One Greenway Plaza, Suite 850	Houston, TX	<input type="checkbox"/>
V	Friedman, David A.	848 Brickell Avenue, Suite 1120	Miami, FL 33131	<input type="checkbox"/>
S	Ray, Sandra E.	One Greenway Plaza, Suite 850	Houston, TX	<input type="checkbox"/>
T	Swinke, David L.	One Greenway Plaza, Suite 850	Houston, TX 77046-0102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			77046-0197	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2601 S. Bayshore Drive, Suite 300-A	Miami, FL 33133-5417	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		SV	77046-0197	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		V	77046-0197	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VT Thibaut, Howard W.	One Greenway Plaza, Suite 850	<input checked="" type="checkbox"/>
		Houston, TX 77046-0197		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

713-850-1850

Daytime Phone #

CR2E034 (1/98)