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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

i. Corporati		` '			
SOUTI	H FLORIDA ACCEPTANCE	CORP.		T JORNA OLIBOR ALBRO JERNA BRIDA HARA DAN DA	81: 818: 818: 818: 818: 818: 818: 818:
Principal Place of Business Mailing Address					<u> </u>
6073 NW 167TH STREET		Mailing Address 6073 N.W. 1677H ST			
SUITE #C15		STE C-15			
MIAMI FL 33015		MIAMI FL 33015		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
B. Dringing I	Diese of Business	2a. Mailing Address		03/05/1992 4. FEI Number	1 [4
2. Principal Place of Business		26 26		1	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0312889	SR 75 Additional
22		27		5. Certificate of Status Desired L	Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25 25 Name and Address of Curre	at Pagistared Apont	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
DI		iit vadistelen wäglit	81 Name	IU. Haine and Address of New Negls	tered Agent
	Luestein, ronald 073 nw 167th Street				·
SUITE #CISX 17			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33015			83		
MARKITE GOOTS					
			84 City		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above named c	orporation submits this statement for the purporation's board of directors. I hereby accept the	pose of changing its registered
agent I	am familiar with, and accept the obliq	gations of, Section 607.0505, I	s authorized by the corpo Horida Statutes	pration's board of directors, thereby accept to	ie appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered as		OTE: Registered Agent signature re		DATE
12.	D OFFICERS AF	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER Director	Change Addition
NAME	HAVIV, YEHUDA		1.2 NAME	Ronald Bluestein	Lin onlings Lin (button
STREET ADDRESS	AARA BELL AASTIL ATREET AL	IITE#C16-v 1.7	1.3 STREET ADDRESS	6073 NW 167th St.,	0.440 0.12
CHTY-ST-ZIP	MIAMI FL		1.4 CITY · ST - ZIP	Miami, Florida	Suite C-1/
TITLE	D	DELETE	2 1 TITLE	TIOTING	Change Addition
NAME	SOMMER, YOEL		2.2 NAME		
STREET ADDRESS	AATA BEST LATTIL OF ALITY LOAD		23 STREET ADDRESS		
CHTY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	GOLDBERGER, DAVID		3.2 NAME		ļ
STREET ADDRESS		JIIE #C15× 1/	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3 4. CITY-ST - ZIP		Change Addition
TITLE		[] DETE \$	4.1 THUF		Change Addition
NAME CTREET LODDICGO			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	}	/L	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
OVERTEX ABDRECC			CA CIDELL ADDRESS		

CITY-ST-ZIP 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 suppliemental 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 chapaed, or on an attachment with an address.

FILED

Jan 16 1998 8:00am

Secretary of State