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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26015

(0)

SOUTHERN GROUP FINANCE, CORP.

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Feb	18	1997	8:00am
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Principa⊩Plac	ce of Business	Mailing Addi	ress				(1644 Bildig light ditti goldt ita	61 BAN BI BN BIB N	MINISTER STATE		
2900 N.W. 109 AVE. 2900 NW 109 AVE MIAMI FL 33172 MIAMI FL 33172-5500 US US											
		50					3. Date Incorporated or Qualif 04/03/1992		ate of Last F /26/1996	Report	
2. Principal I	Place of Business	2a. Mailing A	ddress				4, FEI Number		Aj	oplied For	
21		26					65-0322807			ot Applicable	
Suite, Apt	. #, etc.	Suite, Ap	t. #, etc.				5. Certificate of Status Desired			Additional equired	
City & Sta	te	City & Str	ate				6. Election Campaign Financin	8	\$5.00	May Be	
23		28		·			Trust Fund Contribution			to Fees	
Ζιρ 24	Country 25	Zip 29	34	Country D	/		8. This corporation has liability Florida Statutes	for intangible Yes		i. 199.032,	
	Name and Address of Curr	ent Registered Age	nt				10. Name and Address of Nev	Registered	Agent		
AV	rach, stephen J.			81	N	ame					
	00 N.W. 109 AVE			82	s	treet Add	dress (P.O. Box Number is Not Acce	ptable)			
MU	AMI FL 33172				<u> </u>						
				83							
				84	c	ity			85 Zip	Code	
·		·			<u>L</u>	· · · · · · · · · ·	······································	FL	<u> </u>		
office or	ito the provisions of Sections 607.0 registered agent or both, in the Sta am familiar with, and accept the obl	de of Florida, Such o	Hande was aut	borized by	u the	e corpore	poration submits this statement for a ation's board of directors. I hereby a	he purpose o ccept the app	of changing i pointment as	ts registered registered	
_	ant tarmiar with, and accept the ob-	igations or, section t	our.vovo, mork	na Statute	S.						
SIGNATURE	Signature, typed or printed name of registered :	agent and title if applicable	(NOTE: F	Registered Ap	ent si	gnature requ	ulred when reinstating)	DATE			
12,	OFFICERS A	ND DIRECTORS	······	13.		i	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PSD	L.	DELETE	1.1 TITLE		1	PSD		2 Change	Addition	
NAME	VIVES, MARIO			1.2 NAME			/IVES, Mario				
STREET ADDRESS	16766 SW 90 ST			1.3 STREET	r add		2900 N.W. 109 AV	enue			
CHY-ST ZIF	-MAMIFL-			1.4 CITY - 9	ST-Zi	P N	Miami, Fl. 33172				
TITLE	D	L	DELETE	2.1 TITLE					Change	Addition	
NAME	AVRACH, STEPHEN J			2.2 NAME							
STREET ADDRESS	2900 NW 109 AVE			23 STREE	r add	ress					
CITY-SI-Z#	MIAMI FL		1 55: 555	2. 4 CITY-	ST - Z	IP .					
TITLE	D D	Ĺ,] DEFELE	3.1 TITLE		1			Change	Addition	
NAME	CARLIN, DONALD	w		3 2 NAME							
STREET ADDRESS	3350 SOUTH DIXIE HIGHWA	NT .		3 3 STAEE							
City - St - ZiP Title	MIAMI FL		DELETE	3.4, CITY- 4.1 TITLE	ST - Z	P	14''		Change	Addition	
NAME		L	_ 500010	4.1 ITLE 4. 2 NAME		Į			— Ausulia	- Addition	
STHEET ADDRESS				4.3 STREET		oree					
CITY-ST-ZIP				4.4 CITY-1							
101E			DELETE	51 TITLE	2F - 61	<u> </u>			Change	Addition	
NAME		_		5.2 NAME							
STREET ADDRESS			•	5 3 STREET	r adn	RESS					
City-St-ZiP				5.4 C(TY-		- 1					
THLE	1		DELETE	61 TITLE	-1 -1		······································		Change	Addition	
NAME				62 NAME							
STREET ADDRESS				63 STAEE	r add	RESS					
CITY - ST - ZIP				64 CiTY-		1					
1 do bos	the constitution that the information of our	lind with this filing of	on not avalify				od in Caption 110 07/21/i) Elevide Ct	didaa likudhi		the A	

4. I do 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 of a 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or block 13 is changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MARIO VIVES PSDUME

02/14/97 715-0