FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:34

DOCUMENT # V26561 (3)

1. Corporation Name
SOUTHSIDE DEVELOPMENT, INC.

Principal Place of Business
660 N STATE ROAD 7
PLANTATION FL 33317

Mailing Address
660 N STATE ROAD 7
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 10 FAIRWAY DR STE 110
Suite, Apt. #, etc. 22
City & State 23 DEERFIELD BEACH, FL
Zip 24 33441 Country 25 USA

2a. Mailing Address
26 10 FAIRWAY DR STE 110
Suite, Apt. #, etc. 27
City & State 28 DEERFIELD BEACH, FL
Zip 29 33441 Country 30 USA

4. FEI Number: 65-0327359 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: DECIO DO ESPIRITO SANTO
82 Street Address (P.O. Box Number is Not Acceptable)
83 3547 DC PALLADIAN CIRCLE
84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SANTO, DECIO DO ESPIRTO	1.2 NAME		
STREET ADDRESS	660 N STATE ROAD 7 #7	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SANTO, JANE DE LURDES S.	2.2 NAME		
STREET ADDRESS	660 N STATE ROAD 7 #7	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: x _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0220314 CP