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

APPROVED AND FILED

95 APR 18 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38148** **(5)**

1. Corporation Name
SOUTH FLORIDA GROUP, INC.

Principal Place of Business	Mailing Address
6595 N.W. 36TH STREET SUITE 302 MIAMI FL 33166	6595 N.W. 36TH STREET SUITE 302 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6595 N.W. 36th ST. Suite, Apt #, etc 22 302 City & State 23 MIAMI FL Zip 24 33166 Country 25	2a. Mailing Address 26 6595 N.W.36th ST. Suite, Apt #, etc 27 302 City & State 28 MIAMI FL Zip 29 33166 Country 30

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 05/12/1994
4. FEI Number: 65-0355790 ☐ 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

LARKEN, MARCELO O.
6595 NW 36TH ST
STE. 302
MIAMI FL 33166

m

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6595 N.W. 36th ST. Ste 302
83
84 City MIAMI FL 85 Zip Code 33166

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	PD	1 1 TITLE	P.D. ☒ Change ☐ Addition
NAME	LARKEN, MARCELO O	1 2 NAME	
STREET ADDRESS	6595 N.W. 36TH STREET #302	1 3 STREET ADDRESS	14645 Harris Pl
CITY ST ZIP	MIAMI FL	1 4 CITY ST ZIP	Miami Lakes, FL 33014
TITLE	S	2 1 TITLE	☒ Change ☐ Addition
NAME	SOLL, MARTIN A	2 2 NAME	delete
STREET ADDRESS	6596 NW 36TH ST., STE. 302	2 3 STREET ADDRESS	
CITY ST ZIP	MIAMI 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)(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.

SIGNATURE: ______ 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100845 CP