FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V50592** **(7)**

1. Corporation Name

SOUTH SIDE CUSTOMS, INC.

Principal Place of Business	Mailing Address
1909 S.W. 107TH AVE., APT. 908 MIAMI FL 33165	1909 S.W. 107TH AVE., APT. 908 MIAMI FL 33165

3. Date Incorporated or Qualified: **07/13/1992**

3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0344463** ☐ 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

FLORES, MARIO
1909 S.W. 107TH AVE., APT. 908
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NEW Registered Agent's signature required if changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	FLORES, DANIEL	
STREET ADDRESS	1909 S.W. 107TH AVE., APT. 908	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☒ DELETE
NAME	NAVARRO, ROBERT	
STREET ADDRESS	5011 S W 102 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☒ DELETE
NAME	GARCIA, NIVETTE	
STREET ADDRESS	3600 E 5TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	☐ DELETE
NAME	RAMIREZ, YESENIA	
STREET ADDRESS	12631 SW 235RD ST	
CITY-ST-ZIP	PRINCETON FL	
TITLE	D	☒ DELETE
NAME	ERDMAN, KURT	
STREET ADDRESS	8095 NW 8TH ST APT 314	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	V/D	☐ Change ☒ Addition
12 NAME	DELGADO, TONY	
13 STREET ADDRESS	14061 S.W. 78 ST.	
14 CITY-ST-ZIP	MIAMI, FL 33183	
21 TITLE	T/D	☐ Change ☒ Addition
22 NAME	DELGADO, CAROL	
23 STREET ADDRESS	14061 S.W. 78 ST.	
24 CITY-ST-ZIP	MIAMI, FL 33183	
31 TITLE	S/D	☐ Change ☒ Addition
32 NAME	FLORES, MARIO	
33 STREET ADDRESS	1909 S.W. 107TH AVE., APT. 908	
34 CITY-ST-ZIP	MIAMI, FL 33165	
41 TITLE	D	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Daniel R. Flores 4/30/96 417-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #