

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 # **F9500000219 (4)**

1. Corporation Name
SOUTH CAPITAL COMPANY, INC.



Principal Place of Business: **1401 BRICKELL AVE. SUITE 680 MIAMI FL 33131**
Mailing Address: **1401 BRICKELL AVE. SUITE 680 MIAMI FL 33131**

3. Date incorporated or Qualified: **01/12/1995**
3a. Date of Last Report: **NONE**

2. Principal Place of Business: **1779 BROADWAY**
2a. Mailing Address: **1779 BROADWAY**
21. City & State: **HEWLETT, NY**
22. Suite, Apt. #, etc.:
23. City & State: **HEWLETT, NY**
24. Zip: **11557** 25. Country: **NASSAU**
26. City & State: **HEWLETT, NY**
27. Suite, Apt. #, etc.:
28. City & State: **HEWLETT, NY**
29. Zip: **11557** 30. Country: **NASSAU**

4. FEI Number: **11-3034275**
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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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

Signature typed or printed name of registered agent, if applicable

NOTE: Registered Agent signature required when resubmitting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTELER, GABRIEL	
STREET ADDRESS	AVE. L.N. ALEM 822-6' PISO	
CITY-ST-ZIP	1001 BUENO AIRES, ARGENTINA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BADARACO, CARLOS	
STREET ADDRESS	1401 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMOS, JUAN PERALTA	
STREET ADDRESS	1401 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	110 MERRICK WAY, SUITE 3A
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	AVE. L.N. ALEM 822-6' PISO
3.4 CITY-ST-ZIP	1001 BUENOS AIRES, ARGENTINA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in powers; I 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96
516 495 0900

CR2E034 (12/95)