

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 OCT 15 11:11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F95000000219 (4)**  
1. Corporation Name  
**SOUTH CAPITAL COMPANY, INC.**



Principal Place of Business  
**1229 BROADWAY  
HEWLETT NY 11557  
US**

Mailing Address  
**1229 BROADWAY  
HEWLETT NY 11557  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1995</b>	3a. Date of Last Report <b>04/23/1996</b>
21		26		4. FEI Number <b>11-3034275</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BUTELER, GABRIEL</b>		1.2 NAME				
STREET ADDRESS	<b>AVE. L.N. ALEM 822-6' PISO</b>		1.3 STREET ADDRESS			<b>900002326109--3</b>	
CITY-ST-ZIP	<b>1001 BUENO AIRES, ARGENTINA</b>		1.4 CITY-ST-ZIP			<b>-10/21/97--01081--022</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE			<b>***750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BADARACO, CARLOS</b>		2.2 NAME				
STREET ADDRESS	<b>110 MERRICK WAY SUITE 3A</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RAMOS, JUAN PERALTA</b>		3.2 NAME				
STREET ADDRESS	<b>AVE L.N. ALEM 822-6 PISO</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>1001 BUENOS AIRES AR</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

GR2E034 (4/97)

*AD*

11-2-97  
11-2-97