

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K27572** (2)

1. Corporation Name
SOVEREIGN INTERNATIONAL, INC.



Principal Place of Business: **% DANIEL A. GARIBOTTO 2125 BISCAYNE BLVD #240 MIAMI FL 33137**
Mailing Address: **% DANIEL A. GARIBOTTO 2125 BISCAYNE BLVD #240 MIAMI FL 33137**

3. Date Incorporated or Qualified: **07/05/1988**
3a. Date of Last Report: **02/07/1995**
4. FEIN Number: **65-0058692**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent: **GARIBOTTO, DANIEL A. 2125 BISCAYNE BLVD. #240 MIAMI FL 33137**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
FL Zip Code

11. Pursuant to the provisions of Sections 607.0701 and 607.0702, 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 607.0705, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	PTD	<input type="checkbox"/> DELETE
12. NAME	GARIBOTTO, DANIEL A	
13. STREET ADDRESS	3241 NE 165 ST.	
14. CITY, ST, ZIP	N. MIAMI BEACH FL 33160	
15. TITLE	VSD	<input type="checkbox"/> DELETE
16. NAME	GARIBOTTO, MARLI ELISA	
17. STREET ADDRESS	3241 NE 165 ST.	
18. CITY, ST, ZIP	N. MIAMI BEACH FL 33160	
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.073(9)(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. I am an officer or director of the corporation or the trustee 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 as attached to an address.

SIGNATURE: *Daniel A. Garibotto* 3/14/96 305-448-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)