

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000034295 (1)
 1. Corporation Name
SOFACE, CORP.



Principal Place of Business
**6654 GRANADA BLVD.
 CORAL GABLES FL 33146**

Mailing Address
**5654 GRANADA BLVD.
 CORAL GABLES FL 33146-2672**

3. Date Incorporated or Qualified **04/19/1996** 3a. Date of Last Report
 4. FEI Number **65-0658648** 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

2. Principal Place of Business
 21 **1571 Bird Road**
 Suite, Apt. #, etc.
 22 **Coral Gables**
 City & State
 23 **Coral Gables**
 City & State
 24 **FL** 25 **33146**
 Zip Country

2a. Mailing Address
 26 **1571 Bird Road**
 Suite, Apt. #, etc.
 27 **Coral Gables**
 City & State
 28 **Coral Gables**
 City & State
 29 **FL** 30 **33146**
 Zip Country

9. Name and Address of Current Registered Agent
**MENENDEZ, CHARLES A
 302 VALARDE AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 43-1309
 83
 84 City **Miami** 85 Zip Code **FL 33243-1309**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORANO, GABRIEL	
STREET ADDRESS	AVDA PTE ROQUE SAENZ PENNA 615 P8 OE 611/61	
CITY-ST-ZIP	ARGENTINA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORANO, ALEJANDRO M	
STREET ADDRESS	AVDA PTE ROQUE SAENZ PENNA 615 P8 OE 611/61	
CITY-ST-ZIP	ARGENTINA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MENENDEZ, CHARLES A	
STREET ADDRESS	P.O. BOX 43-1309	
CITY-ST-ZIP	MIAMI FL 33423-1309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 or 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, in an attached report, if an address.

SIGNATURE _____ DATE **4-10-97 2:05 PM 607-7048**

CR2E034 (9/96)