

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

**FILED**  
**May 05 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 # P96000077765 (1)**

1. Corporation Name  
**SOVEREIGN HOLDINGS, INC.**



Principal Place of Business  
**11195 S.W. 88TH STREET #J107 MIAMI FL 33176**

Mailing Address  
~~11195 S.W. 88TH STREET #J107 MIAMI FL 33176-0923~~

3. Date Incorporated or Qualified  
**09/18/1996**

3a. Date of Last Report

4. FEI Number  
**65-0697302**

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. **P.O. Box 43000 1055**

27. Suite, Apt. #, etc.

28. **Miami FL**

29. **33243**

30. **U.S.**

9. Name and Address of Current Registered Agent

**JONES, MICHAEL A**  
**11195 S.W. 88TH STREET #J107 MIAMI FL 33176**

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

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **JONES, MICHAEL A**

STREET ADDRESS **11195 S.W. 88TH ST. #J107 MIAMI FL 33176**

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **V/S Kelley, Gregory C.**

1.3 STREET ADDRESS **7737 SW 88 St #C212**

1.4 CITY - ST - ZIP **Miami FL 33156**

2.1 TITLE  Change  Addition

2.2 NAME **V/T Brown, Tyrone A.**

2.3 STREET ADDRESS **20705 SW 81st**

2.4 CITY - ST - ZIP **Miami, FL 33189**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  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 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: *Michael A. Jones* **Michael A. Jones** Date \_\_\_\_\_ Daytime Phone # **305-595-3176**

CR2E034 (9/96)