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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077765 (1)

rincipal Place of Business	Mailing Address
11195 S.W. 88TH STREET #J107 MIAMI FL 33176	PO BOX 431055 #J107 MIAMI FL 33243 US

FILED May 08 1998 8:00am Secretary of State

SOVEREIGN HOLDINGS, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1996 28. Mailing Address 26 P.O. Box 431055 2. Principal Place of Business 4. FEI Number Applied For 10625 SW 112th Ave 26 65-0697302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite #210 27 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing Miami Miami Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 33243 U 5 No. Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, MICHAEL A 11195 S.W. 88TH STREET Street Address (P.O. Box Number is Not Acceptable) #J107 83 **MIAMI FL 33176** 84 Zip Code 33/76 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, typod or printed name of registered agent and title it applicable (NO1£: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE. 1.1 TITLE Change TITLE JONES, MICHAEL A 1.2 NAME CR2E034 NAME 11195 SA.W. 88TH ST. #J107 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KELLEY, GREGORY C NAME 22 NAME 7737 SW 88 ST #C212 STREET ADDRESS 23 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE **BROWN, TYRONE A** NAME 3.2 NAME 20705 SW 81 CT STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. I 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 supplienental 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.