

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 044 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101524

1. Corporation Name
SONIA AMERICA, INC.

Principal Place of Business 80 SW 8TH STREET SUITE 2077 MIAMI FL 33130	Mailing Address 80 SW 8TH STREET SUITE 2077 MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5058 N. Hiatus Road Suite, Apt. #, etc. 22 City & State 23 Sunrise, Florida Zip Country 24 33351 USA		2a. Mailing Address 26 5058 N. Hiatus Road Suite, Apt. #, etc. 27 City & State 28 Sunrise, Florida Zip Country 29 33351 USA		3. Date Incorporated or Qualified 12/01/1997 4. FEI Number 65-0796972 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
80 SW 8TH STREET SUITE 2077
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name Luis Agramunt	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue	
83 Suite # Suite # 1100	
84 City miami	85 Zip Code 33131

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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

5-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELTRAN, JOSE FERRER	
STREET ADDRESS	80 SW 8TH STREET SUITE 2077	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, SONIA FERRER	
STREET ADDRESS	80 SW 8TH STREET SUITE 2077	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, MARIA JOSE F	
STREET ADDRESS	80 SW 8TH STREET SUITE 2077	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, ESTEFANIA F	
STREET ADDRESS	80 SW 8TH STREET SUITE 2077	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PELAYO, JUAN JOSE	
STREET ADDRESS	80 SW 8TH STREET SUITE 2077	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jose Ferrer Beltran	
1.3 STREET ADDRESS	5058 N. Hiatus Road	
1.4 CITY-ST-ZIP	Sunrise, Florida 33351	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sonia Ferrer Lopez	
2.3 STREET ADDRESS	5058 N. Hiatus Road	
2.4 CITY-ST-ZIP	Sunrise, Florida 33351	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	maria Jose Lopez	
3.3 STREET ADDRESS	5058 N. Hiatus Road	
3.4 CITY-ST-ZIP	Sunrise, Florida 33351	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Estefania F. Lopez	
4.3 STREET ADDRESS	5058 N. Hiatus Road	
4.4 CITY-ST-ZIP	Sunrise, Florida 33351	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Juan Jose Pelayo	
5.3 STREET ADDRESS	5058 N. Hiatus Road	
5.4 CITY-ST-ZIP	Sunrise, Florida 33351	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF JOSE BELTRAN

5-28-99

305-373-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)