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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **S35412**   **(3)**
1. Corporation Name

SONIA LAND, INC.

Principal Place of Business	Mailing Address
C/O MARCOS LANDMAN 6423 COLLINS AVENUE, APT 1803 MIAMI BCH FL 33141	C/O MARCOS LANDMAN 6423 COLLINS AVENUE, APT 1803 MIAMI BCH FL 33141-4606

		3. Date Incorporated or Qualified	3a. Date of Last Report
		02/27/1991	04/16/1996

2. Principal Place of Business
[21]
2a. Mailing Address
[26]

4. FEI Number		Applied For
65-0253511		Not Applicable

Suite Apt. #, etc
[22]
Suite, Apt. #, etc.
[27]

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

City & State
[23]
City & State
[28]

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

Zip [24]	Country [25]	Zip [29]	Country [30]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRED, STANLEY M.
13899 BISCAYNE BLVD.
PH-2
N. MIAMI BEACH FL 33181

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDMAN, MARCOS		1.2 NAME	
STREET ADDRESS	6423 COLLINS AVE., #1803		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____   2/8/97   305 441-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #