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PROFit CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$35412

1. Corporation Name SONIA LAND, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90086 038 ***150.00



Principal Place	of Business	Mailing Address			}			
C/O MARCOS I	LANDMAN	C/O MARCOS LANDMAN						
	AVENUE, APT 1803	6423 COLLINS AVENUE. APT 1803 MIAMI BCH FL 33141		DO NOT WRITE IN THIS SPACE				
MIAMI BCH FL	33141				3. Date Incorporated or Qualifed			
					02/27/1991			
0.01-0-10	(During and	2a. Mailing Address			4. FEI Number		Applied For	
一 ~ / 、	ace of Business	<u> </u>	85	÷-	65-0253511	H	Not Applicable	
21 554	0 SW 8 ST	26 5540 5W Suite, Apt. #, etc.	_05	<u> </u>	05-0255511	\$8.7	5 Additional	
Suite, Apt.	#, etc.	h			5. Certifcate of Status Desired	T	Required	
City & State		City & State			6. Election Campaign Financing		00 May Be	
⊢ , , , , , , , , , , , , , , , , , , ,	S Continue Police	28 Coral Gable	<u> </u>	-	Trust Fund Contribution		led to Fees	
23 () (C.	Country		Country		8. This corporation owes the curre	ent vear Intangible		
Zip 24 331	34 25	29 33134 30	•		Personal Property Tax.	☐Yes	□No	
24 550	9. Name and Address of Current	<u> </u>			10. Name and Address of New R	egistered Agent		
			81 N	ame				
PRED, STANLEY M.					Address (CO.O. Day Normbox in Net Accomtable)			
13899 BISCAYNE BLVD.			82 8	treet Addre	ess (P.O. Box Number is Not Accepta	DIC)		
PH-2								
N. M	IIAMI BEACH FL 33181						7in Codo	
			84 C	ity		FL 85 7	Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607:1508. Florida Statutes, th	he above-na	med corpo	oration submits this statement for the	purpose of changing	its registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author	rized by the	corporatio	n's board of directors. I hereby accep	t the appointment a	s registered	
l	m familiar with, and accept the boilgate	ins bi, Section 60.0303, Pionda c		dma	10	Vinlac	}	
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE: Regis			when reinstating)	Y TOL S		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	CTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE	_	•	Char	nge	
NAME	LANDMAN, MARCOS	Į.	1.2 NAME				ļ	
STREET ADDRESS	6423 COLLINS AVE., #1803	! .	1,3 STREET ADI	DRESS			ł	
CITY-ST-ZIP	MIAMI BEACH FL 33141	.	1.4 CITY-ST-ZI	,	<u> </u>			
TITLE	VP '	□ DELETE :	2.1 TITLE			Char	nge 🗌 Addition	
NAME	WEISSELBERGER, SONIA	.	22 NAME	Į.				
STREET ADDRESS	6423 COLLINS AVENUE, SUITE	4000			•			
CITY-ST-ZIP		1803	2,3 STREET ADI	ORESS	•		ļ	
	MIAMI BEACH FL 33141		2,3 STREET ADI	T T		<u> </u>		
TTLE	MIAMI BEACH FL 33141	<u>-</u>		P		Char	nge 🔀 Addition	
NAME	MIAMI BEACH FL 33141	DELETE :	2_4 CITY-ST-ZI	P	ichael Landman	<u>.</u> Char	ige ⊠ Addition	
NAME	MIAMI BEACH FL 33141	DELETE	2.4 CFTY-ST-ZF 3.1 TITLE	D M	ichael Landman	<u></u> Char	nge 🔀 Addition	
NAME STREET ADDRESS	MIAMI BEACH FL 33141	DELETE :	2_4 CFTY-ST-ZF 3.1 TITLE 3.2 NAME 3.3 STREET AD	DRESS 5	ichael Landman 540 SW 8 ST		, –	
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33141	DELETE	2.4 CFTY-ST-ZI 3.1 TITLE 3.2 NAME	DRESS 5	ichael Landman 540 5W 8 5T oxal Gables Fi		4	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI BEACH FL 33141	DELETE	2.4 CITY-ST-ZI 3.1 TITLE 3.2 NAME 3.3 STREET AD 3.4. CITY-ST-ZI	DRESS 5	ichael Landman 540 5W 8 5T oxal Gables Fi	33(3°	4	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE CON	MIAMI BEACH FL 33141	DELETE	2. 4 GITY-ST-ZI 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET ADI 6.5 STREET ADI	P DRESS CO	ichael Landman 540 5W 8 ST val Gabks Fl biaham Landman 540 SW 8 St	33(3) □Char n 33(34	d. Addition Maddition Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE CON	MIAMI BEACH FL 33141	DELETE DELETE	2. 4 GITY-ST-ZI 3.1 TITLE 3.2 NAME 3.3 STREET ADI 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET ADI 5.4 CITY-ST-ZI 6.1 TITLE	P D M S CCO D A A S CCO DRESS C CCO	ichael Landman 540 5W 8 ST val Gabks Fl biaham Landman 540 SW 8 St	33(3) □ Char 1 33(3) □ Char	d. Addition Maddition Addition	

6.4 CITY-ST-ZIP

14. I hereby certify that the information supprised 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 nanual 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 appear of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the r

SIGNATURE: