


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

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

02-23-1999 90086 038 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S35412**  
 1. Corporation Name  
**SONIA LAND, INC.**



Principal Place of Business C/O MARCOS LANDMAN 6423 COLLINS AVENUE, APT 1803 MIAMI BCH FL 33141	Mailing Address C/O MARCOS LANDMAN 6423 COLLINS AVENUE, APT 1803 MIAMI BCH FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5540 SW 8 ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5540 SW 8 ST</b> Suite, Apt. #, etc.
22 City & State 23 <b>Coral Gables FL</b>	27 City & State 28 <b>Coral Gables FL</b>
24 Zip <b>33134</b> 25 Country	29 Zip <b>33134</b> 30 Country

3. Date Incorporated or Qualified <b>02/27/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0253511</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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]* **M. Landman** DATE: **1/10/99**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDMAN, MARCOS</b>	
STREET ADDRESS	<b>6423 COLLINS AVE., #1803</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISSELBERGER, SONIA</b>	
STREET ADDRESS	<b>6423 COLLINS AVENUE, SUITE 1803</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Michael Landman</b>	
3.3 STREET ADDRESS	<b>5540 SW 8 ST</b>	
3.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Abraham Landman</b>	
4.3 STREET ADDRESS	<b>5540 SW 8 ST</b>	
4.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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]* **NOT REQUIRED** DATE: **1/10/99** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)