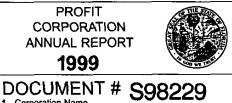
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

SOFER HOLDINGS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90060 005 \*\*\*150.00

Principal Place of Business				Mailing Address					i istiista us varat itiin titus u				
666 RUE SHERBROOKE ST. WEST PENTHOUSE 2300 MONTREAL QUEBEC CANADA H3A1E				666 RUE SHERBROOKE ST. WEST PENTHOUSE 2900 MONTREAL QUEBEC CANADA H3A1E				3.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
									12/04/1991				
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		T A	pplied For	1
21				3					98-0122867		N	ot Applicable	7
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.75 Additional	
22				7				5.	Certifcate of Status Desired		Fee R	equired	ł
-City & State				City & State			. 1	6.	Election Campaign Financing		\$5.00	May Be	7
23				}					Trust Fund Contribution				
Zip Country				Zip C			Country		This corporation owes the curr	ent year In	tangible		7
24	25		29		30				Personal Property Tax.		☐ Yes	□No	╛
	9. Name and	Regis	istered Agent				10.	Name and Address of New	Registered	Agent			
						81	Name						
CROSS, WILLIAM S.							Street Add	Address (P.O. Box Number is Not Acceptable)					-
1177 S.E. THIRD AVE.							82 Street Address (P.O. Box Number is Not Acceptable)						
FT. L	Lauderdale i	FL 33316				83							٦
											- Top   7:	Ordo	4
						84	City			Fl	85 Zip	Code	1
11. Pursuant	to the provisions	of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the a	DOVE	-named corp	poratio	n submits this statement for the	purpose of	changing it	s registered	7
office or r	egistered agent, m familiar with, a	or both, in the State of and accept the obligati	of Florid	la. Such change was a , Section 607.0505, Flo	authorize orida Stat	l by utes.	the corporati	ion's D	oard of directors. I hereby acce	pt the appo	Intment as re	egistereo	
		and docopt and bungan		, 400,000, 000, 000,000, 000,000, 000,000,									
SIGNATURE	Signature, typed or pr	inted name of registered agent	and title	if applicable. (NOT	E: Registered	Agen	t signature require	ed when	reinstating)	DATE			ال
12.		OFFICERS AND	DIRE	CTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12	] :
TITLE	DP	☐ DELETE	1.‡ ∏	TLE	ĺ				Change	☐ Addition	1		
NAME	SOFER, JACK					1.2 NAME							
STREET ADDRESS	TADDRESS 666 RUE SHERBROOKE ST. W					1.3 STREET ADDRESS							1
CITY-ST-ZIP	MONTREAL (		1.4 CITY-ST-ZIP			_					_]		
TITLE				☐ DELETE	2.1 ∏	ΠLE					☐ Change	☐ Addition	1
NAME					2.2 N	<b>ME</b>	·						ſ
STREET ADDRESS					2.3 \$	2.3 STREET ADDRESS							1
I~CITY-ST-ZIP	<b>.</b>				2.40	ΠY-S	T-ZIP						ł
TITLE				☐ DELETE	3.1 TI						☐ Change	Addition	٦
NAME					3.2 N	ME							1
STREET ADDRESS					3.3 S	REET	ADDRESS						-
CITY-ST-ZIP					3.4. 0	rty-s	T-ZIP						
TITLE		-		☐ DELETE	4.1 TI						☐ Change	Addition Addition	·Ī
NAME		•			4.21	AME							

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 supplied ental 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

Change

☐ Change

Addition

Addition