

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000057858 (7)

1. Corporation Name
SOBE DISCOUNT, INC.

Principal Place of Business
1111 LINCOLN RD., STE. 500
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN RD., STE. 500
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1997	
21 1059 COLLINS AVE.	26 1059 COLLINS AVE	4. FEI Number 65-0764460		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 STE. 205	27 STE. 205	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 MIAMI BEACH, FL	28 MIAMI BEACH, FL				
Zip	Zip				
24 33139	25 USA	29 33139	30 USA		
Country		Country			

9. Name and Address of Current Registered Agent
FEUERMAN, JONATHAN
1111 LINCOLN RD., STE. 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name Feuerman, Jonathan, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
Entrepreneur International Center
83 One S.E. 3rd Ave., Suite 2400
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0507 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 obligation 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, RICHARD
1059 COLLINS AVE., #205
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORTHROP, HOLLY A
1059 COLLINS AVE., #205
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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STREET ADDRESS
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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.

SIGNATURE:

Richard Hernandez Director 305 538-8171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0197552

CR2E034 (10/97)