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FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 599234 (2)  
1. Corporation Name  
SUJOTA, INC.



Principal Place of Business  
8300 SW 8TH ST.  
SUITE 303  
MIAMI FL 33144  
US

Mailing Address  
8300 SW 8TH ST  
#303  
MIAMI FL 33144-4132  
US

3. Date Incorporated or Qualified 01/08/1979  
3a. Date of Last Report 01/30/1996

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

4. FEI Number 59-1892602  
Applied For Not Applicable

Suite, Apt #, etc. 22 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23 28

6. Election Campaign Financing Trust/Fund Contribution  \$5.00 May Be Added to Fees

Zip 24 Country 25 29 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

10. Name and Address of New Registered Agent

FERNANDEZ-CAUBI, LUIS  
9150 FONTAINEBLEU BLVD., STE 509  
MIAMI FL 33172

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 PTD  
NAME MENDEZ-INSUA, ARISTIDES  
STREET ADDRESS 8300 SW 8TH ST #303  
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME ORTEGA-TAIN, JOSE  
STREET ADDRESS AVENIDA ANDRES BELLO  
CITY-ST-ZIP CARACAS, VENEZUELA 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME FERNANDEZ-CAUBI, LUIS  
STREET ADDRESS 9150 FONTAINEBLEU BLVD., STE 509  
CITY-ST-ZIP MIAMI, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V  
NAME MENDEZ-INSUA, JUANA  
STREET ADDRESS 8300 SW 8 STR #303  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

2/20/97

305-262-2351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)