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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 691451

1. Corporation Name
Sofira Corporation

Principal Place of Business	Mailing Address
~~90 Edgewater Drive #602 Coral Gables, Florida 33133~~	~~90 Edgewater Drive #602 Coral Gables, Florida 33133~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 6360 S.W. 48th Street	26 c/o Ernesto Sanchez, P.A.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 814 Ponce de Leon Blvd. 505
23 City & State: Miami, Florida	28 City & State: Coral Gables, Florida
24 Zip: 33155 — 25 Country: USA	29 Zip: 33134 — 30 Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Mario R. Alegria 90 Edgewater Drive #602 Coral Gables, Florida 33133	81 Name: Ernesto Sanchez, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 814 Ponce de Leon Blvd., Suite 505 83 84 City: Coral Gables FL — 85 Zip Code: 33134

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: Ernesto Sanchez, President — 4/24/98
Signature, Typed or printed name of registered agent and title if applicable (Next Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☒ DELETE	11 TITLE	PSD	☒ Change ☐ Addition
NAME	Mario R. Alegria		12 NAME	Mario R. alegria	
STREET ADDRESS	90 Edgewater Drive #602		13 STREET ADDRESS	6360 S.W. 48th Street	
CITY-ST-ZIP	Coral Gables, Florida 33133		14 CITY-ST-ZIP	~~Miami, Fl. 33155~~	
TITLE	~~SD~~	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	~~Maria I. Cadenas~~		22 NAME		
STREET ADDRESS	~~7487 SW 82nd Street, C-209~~		23 STREET ADDRESS		
CITY-ST-ZIP	~~Miami, Florida~~		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS	JC 5/5	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	200002510942	
STREET ADDRESS			63 STREET ADDRESS	-05/05/98--01075--018	
CITY-ST-ZIP			64 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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: Mario Alegria — 4/21/98 — (305) 441-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #