

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 691451

1. Corporation Name

SOFIRA CORPORATION

Principal Place of Business

6360 SW 48TH ST
MIAMI FL 33155

Mailing Address
Dr. Mario R. Alegria R.
6360 S.W. 48 St
Miami, FL 33155
U.S.A.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

21 22 23 24 25 26 27 28 29 30

2a. Mailing Address
c/o Mr. Mario R. Alegria

Suite, Apt. #, etc.

6360 SW 48 St

MIAMI, FL

33155 USA

9. Name and Address of Current Registered Agent

Dr. Mario R. Alegria R.
6360 S.W. 48 St
Miami, FL 33155
U.S.A.

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 607.0503, Florida Statutes.

SIGNATURE

Mario R. Alegria R.
Signature of person named in 9. (If not applicable, delete name of registered agent and file a new application.)

(NOTE: Registered Agent signature required when terminating.)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSD
ALEGRIA, MARIO R.
6360 SW 48TH ST
MIAMI FL 33155

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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, with all other files empowered.

SIGNATURE: X

Mario R. Alegria R.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1981

4. FEI Number

59-2111023

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name MARIO R. ALEGRIA
82 Street Address (P.O. Box Number is Not Acceptable) 6360 SW. 48 St.
83 City MIAMI FL 33155
84 Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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****195.00 ****195.00

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