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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 854494 (2)

1. Corporation Name  
SOFISTICA, INC.

Principal Place of Business Mailing Address  
251 ROYAL PALM WAY 251 ROYAL PALM WAY  
% MENDOZA, CALLAS & SCHILLING, POB 2715 % MENDOZA, CALLAS & SCHILLING, POB 2715  
PALM BEACH FL 33480 PALM BEACH FL 33480-4302



3. Date Incorporated or Qualified 10/26/1982 3a. Date of Last Report 02/22/1996  
4. FEI Number 52-1525740 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
MENDOZA, CALLAS & SCHILLING 81 Name  
251 ROYAL PALM WAY, 6TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable)  
PALM BEACH FL 33480-1310 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, type or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMEN, MARIO	1.2 NAME	
STREET ADDRESS	SONNBLICKSTRASSE 5, FL-9490	1.3 STREET ADDRESS	
CITY - ST - ZIP	VADUZ LI	1.4 CITY - ST - ZIP	
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIG, KURT D.	2.2 NAME	
STREET ADDRESS	SALUFERSTRASSE 30	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHUR, SWITZERLAND	2.4 CITY - ST - ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICORA, N. V.	3.2 NAME	
STREET ADDRESS	SCHOTTEGATWEG OOST 205D	3.3 STREET ADDRESS	
CITY - ST - ZIP	CURACAO, NETHERLANDS	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: X Dr. Kurt Alig X Feb. 17, 1997 561/659-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)