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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000005341**

1. Corporation Name
SONOLUX, INC.



Principal Place of Business: 2100 SALZEDO ST., STE 304 CORAL GABLES FL 33134
 Mailing Address: 2100 SALZEDO ST., STE 304 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	999 Ponce de Leon Blvd.	26	999 Ponce de Leon Blvd.	11/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 500		27 Suite 500		65-0631665	
City & State		City & State		Applied For	
23 Coral Gables, FL		28 Coral Gables, FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33134		25 USA		29 33134 30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

GOTTFRIED, RON
 10775 TEA OLIVE LN
 BOCA RATON FL 33498

81 Name: **Gottfried, Ron**
 82 Street Address (P.O. Box Number is Not Acceptable): **999 Ponce de Leon Blvd.**
 83 **Ste. 500**
 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: *[Signature]* **RON GOTTFRIED / FINANCIAL DIRECTOR** DATE: **1/11/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, ALBERTO	1.2 NAME	ZAMORA, ALBERTO
STREET ADDRESS	10425 SW 89TH PL	1.3 STREET ADDRESS	999 Ponce de Leon Blvd, Ste. 500
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	F <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTFRIED, RON	2.2 NAME	GOTTFRIED, RON
STREET ADDRESS	10775 TEA OLIVE LN	2.3 STREET ADDRESS	999 Ponce de Leon Blvd, Ste. 500
CITY-ST-ZIP	BOCA RATON FL 33498	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE: *[Signature]* **RON GOTTFRIED** DATE: **1/11/99** DAYTIME PHONE #: **(305) 444-4431**

CRZE034 (11/98)