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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 # F97000006206

1. Corporation Name
SOBE COOL, INC.

Principal Place of Business
**2555 COLLINS AVE. #604
MIAMI BEACH FL 33140**

Mailing Address
**2555 COLLINS AVE. #604
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number
65-0784956

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 521 SW 64 COURT

2a. Mailing Address

26 P.O. BOX 402011

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27

City & State
23 MIAMI FLA

City & State
28 MIAMI Beach FL

Zip Country
24 33140 25 USA

Zip Country
29 33140 30 USA

9. Name and Address of Current Registered Agent

**GUIIAN, MARIA A
330 SW 27TH AVE #703
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name DAVID M. LLEWELLYN

**82 Street Address (P.O. Box Number is Not Acceptable)
521 SW 64 COURT**

83

84 City MIAMI FL 85 Zip Code 33144

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUIIAN, MARIA A
STREET ADDRESS 2555 COLLINS AVE #604
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME DAVID M. LLEWELLYN
1.3 STREET ADDRESS 521 SW 64 COURT
1.4 CITY-ST-ZIP MIAMI FLA 33144

2.1 TITLE SECRETARY
2.2 NAME MARCELA CARIAS
2.3 STREET ADDRESS Ave Los Proceres NO. 10 Residencial gala
2.4 CITY-ST-ZIP SANTO DOMINGO DOM REP

3.1 TITLE TREASURER
3.2 NAME MARCELA CARIAS
3.3 STREET ADDRESS Ave. Los Proceres NO. 10 Residencial gala
3.4 CITY-ST-ZIP SANTO DOMINGO DOM REP

4.1 TITLE DIRECTOR
4.2 NAME DAVID M. LLEWELLYN
4.3 STREET ADDRESS 521 SW 64 COURT
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)