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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90121 039 ***150.00

| SONDI I | NVESTMENT, CORP. | | | | | | |
|--|--|---|---|--|---|---|--|
| Principal Place | e of Business | Mailing Address | | | 1 14001511 0020 17151 61010 15015 1000C 610 | i minti ninii atali ninii o | |
| 2800 N.E. 2ND | | 2800 N.E. 2ND AVENUE | | | | | |
| C/O ESTRELLA C. LLERENA MIAMI FL 33137-4419 | | C/O ESTRELLA C. LLERENA MIAMI FL 33137-4419 | | DO NOT WRITE IN THIS SPACE | | | |
| MIMMI FL 33137-4418 | | MINNI I L 99797 TTTO | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 03/28/1983 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | · Apı | plied For |
| 21 | | 26 | | | 59-2278035 | | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | :- | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | Company of the state of the sta | 27 | | | | | |
| City & State | e . | City & State | | | 6. Election Campaign Financing | \$5.00 Added to | |
| 23 | Country | Zip | Country | | Trust Fund Contribution | | o rees |
| Zip | . Country | — · - | 30 | | This corporation owes the current y Personal Property Tax. | | □No |
| 24 | 9. Name and Address of Current | | <u> </u> | | 10. Name and Address of New Regis | | |
| | 5. Italie and Address of Current | registored Agent | 81 | Name | | | |
| LLEF | RENA, ESTRELLA C. | | _ | | (0.0.0 | | |
| | N.E. 2ND AVENUE | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | • | - |
| MIAI | MI FL | | 83 | | | - | |
| | | | 84 | City | | 85 Zip C | Code |
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| office or r agent. I a SIGNATURE | egistered agent, or both, in the State o m familiar with, and accept the obligati | of Florida. Such change was autions of, Section 607.0505, Florid | da Statutes | ine corpora | rporation submits this statement for the purp tion's board of directors. I hereby accept the | appointment as reg | gistered |
| office or r agent. I a SIGNATURE | egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of management of the state of the sta | ons of, Section 607.0505, Floridative if applicable. (NOTE: F | thorized by da Statutes Registered Ager | ine corpora | ired when reinstating) | ATE | gistered |
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| office or ragent. I a SIGNATURE 12. TIME | egistered agent, or both, in the State o m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND SD | ons of, Section 607.0505, Floridations of, Section 607.0505, Floridand little if applicable. ODIRECTORS | da Statutes Registered Ager | ine corpora | ired when reinstating) | ATE RS AND DIRECTO | RS IN 12 |
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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 like empowered.

SIGNATURE: