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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G78942

SODECO, INC.

Principal Place of Business

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90023 002 ***150.00



4000 CATHEDRA APT 323-B WASHINGTON (US		P O BOX 25492 WASHINGTON DC 20007 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
						01/17/1984					
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2370839			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required					
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country Zip Cou			y	The surprise of the surprise o					□No	
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of New Regi	stered A	gent			
			81	1	Name						
ELLIGETT, RAYMOND T. JR. 501 EAST KENNEDY BLVD. SUITE 1400			82	2	Street Add	dress (P.O. Box Number is Not Acceptable)					
TAM	PA FL 33601			3						-	
			84	+	City		FL	85	Zip C	ode	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE					
TITLE	PSD	☐ DELETE	1.1 TITLE					□ Ct	nange	Addition	
NAME	HARAM, MAHER T		1.2 NAME								
4000 O/11/1EDI 0 E /11/2, 11/1, # 020 D				1.3 STREET ADDRESS							
CITY-ST-ZIP	WASHINGTON DC 20016		1.4 CITY-S	ST-	- ZIP			□ Ch		Addition	
TITLE	AL.			2.1 TITLE					lariye	☐ Addition	
NAME	HARAM, ZAHER	000 B	2.2 NAME 2.3 STREE		10000000						
STREET ADDRESS	4000 CATHEDRAL AVE, NW, #	323-B	2.4 CITY-		!						
CITY-ST-ZIP TITLE	WASHINGTON DC 20016	☐ DELETE	3.1 TITLE	31	-21			☐ Ch	nange	Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE		ADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST	r-ZIP						
TITLE		☐ DELETE	4.1 TITLE					□ CI	hange	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	ET A	ADDRESS					į	
CITY-ST-ZIP			4.4 CITY-S		- ZIP						
TITLE	-	☐ DELETE	5.1 TITLE					Cr	ıange	☐ Addition	
NAME			, 5.2 NAME		LODGES						
STREET ADDRESS			5.3 STREE							e,	
CITY-ST-ZIP			5.4 CITY-5	ST-	-ZIP					A.J.J.i.i	
TITLE		☐ DELETE	6.1 TITLE					□ Cł	ange	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	-T /	ADDRESS						

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in tachment with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filin indicated on this annual report or suppliemental annual refificer or director of the corporation or the receiver or trys. officer or director of the Block 12 or Block 13 if

SIGNATURE: