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

PROFIT Jan 28 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (0) SOSA-LEON INVESTMENTS, CORP. Principal Place of Business Mailing Address % JUANA M. LEON % JUANA M. LEON 1511 S.W. 22ND TERRACE 1511 S.W. 22ND TERRACE MIAMI FL 33145-3942 MIAMI FL 33145-3942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1988 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0096449 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name LEON, JUANA M. LABRERA 1511 S.W. 22ND TERRACE O. Box Number is Not Acceptable) 82 **MIAMI FL 33145** 83 Zip Code **330/2** 18, Floren Statutes, the above-named corporation submits this statement for the purpose of changing its registered changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered on 207.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent agent. I am familia SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1 1 TITLE CABRERA, JESUS M. 120W.30 STREET LEON, JUANA M. NAME 1.2 NAME 1511 S.W. 22ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL HIALIAH F. 33012 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 1ITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ Change Addition TITLE 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

cours te and that my signature shall have the same legal effect as if made under oath; that I am an pexecutor his report as required by Chapter 607, Florida Statutes; and that my name appears in

1-17-98

(305)858-1278

FILED