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

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # M59243

1. Corporation Name

SOFISTICA USA, INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY % MENDOZA. CALLAS & SCHILLING. POB 2715 PALM BCH FL 33480	251 ROYAL PALM WAY % MENDOZA. CALLAS & SCHILLING. POB 2715 PALM BCH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/17/1987

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2844236	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes	☐ No
24	25	29	30			

9. Name and Address of Current Registered Agent

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BCH FL 33480-1310

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL
85	Zip Code

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, 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 OFFICERS AND DIRECTORS IN 12	
TITLE **PT** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **ALIG, KURT, DR**		1.2 NAME	
STREET ADDRESS **251 ROYAL PALM WAY**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH FL**		1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BATLINER, HERBERT C., DR**		2.2 NAME	
STREET ADDRESS **251 ROYAL PALM WAY**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH FL**		2.4 CITY-ST-ZIP	
TITLE **VS** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **DE MENDOZA, MARIO G.,III**		3.2 NAME	
STREET ADDRESS **251 ROYAL PALM WAY**		3.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH FL**		3.4 CITY-ST-ZIP	
TITLE **AS** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **WILKINSON, DEBRA**		4.2 NAME	
STREET ADDRESS **251 ROYAL PALM WAY**		4.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH FL**		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ 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)(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: X   SIGNATURE Dr. Kurt Alig, Pres.   X 02/04/99   (561) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)