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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P92000007876

1. Corporation Name
SOBE OPTIK, INC.



Principal Place of Business
 153 SEVILLA AVE.
 CORAL GABLES FL 33134

Mailing Address
 P.O. BOX 140668
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1992

4. FEI Number
65-0377696 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 [] 22 [] 23 [] 24 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

25 [] 29 [] 30 []

9. Name and Address of Current Registered Agent

MJF REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **PST BEINER, EDWARD**

STREET ADDRESS **153 SEVILLA AVE.**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME []

1.3 STREET ADDRESS []

1.4 CITY-ST-ZIP []

2.1 TITLE Change Addition

2.2 NAME []

2.3 STREET ADDRESS []

2.4 CITY-ST-ZIP []

3.1 TITLE Change Addition

3.2 NAME []

3.3 STREET ADDRESS []

3.4 CITY-ST-ZIP []

4.1 TITLE Change Addition

4.2 NAME []

4.3 STREET ADDRESS []

4.4 CITY-ST-ZIP []

5.1 TITLE Change Addition

5.2 NAME []

5.3 STREET ADDRESS []

5.4 CITY-ST-ZIP []

6.1 TITLE Change Addition

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 REQUIRED 2/22/99 305.666.8731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #