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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000068541 (0)

SANTA SOFIA, INC.

Principal Place of Business Mailing Address						**************************************
200 \$, BISCAYNE BLVD. 200 \$, BISCAYI 8TE, 4815 STE, 4815						
			MIAMI FL 33131			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address			10/01/1993 4. FEI Number Applied For
21			26. Walling Address	<u>}~-</u> ¬		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			SS 75 Additional
22			27	27		5. Certificate of Status Desired Fee Required
	City & State		City & State	City & State		Election Campaign Financing \$5.00 May Be
23			28	· - · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution Added to Fees
	Zip	` } ŋ · } ŋ `		Country		8. This corporation owes or has paid the current year Intangible
24	9.1	25 lame and Address of Curre	nt Registered Agent	[30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
SALUSSOLIA, PIERO					Name	10.
200 S. BISCAYNE BLVD.				82	Stroot 6	Address (P.O. Box Number is Not Acceptable)
STE. 4815				02	Sueera	nddiess (r.o. box Humber is Not Acceptable)
MIAMI FL 33131				B3		
				84	City	85 Zip Code
- 44	5	0.707	00 1007 (000 FL 11 0		<u>L`</u> ,	 - - - - - - - -
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 register 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 Statules.						
SIC	NATURE Signalure	, typed or proited name of registered as	pent and title dapplicable (NOT)	F Registered Ac	enl signature (tequired when reinstating) DATE
12		OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITE		DPTS		1.1 TITLE		Change Addition
NAN	AME VENTURA, ANTONIO-FIDUCI			1.2 NAME		
	STREET ADDRESS VIA CARLOS CATTANEO 1-3			1.3 STREET ADDRESS		
_		BANO SW	DELETE	1.4 CITY -	\$1 - ZIP	T Observe T Addition
TITL	1	THEO CADMEN	F" DETEIF			L. Change L. Addition
	NAME FUENTES, CARMEN		46	2.2 NAME		
STREET ADDRESS 200 S BISCAYNE BLVD, #4815 CITY-ST-ZIP MIAMI FL		110	2.3 STREFT ADDRESS 2. 4 CITY-ST-ZIP			
TITL		MH I C	DELETE	3.1 TITLE	51-2Ir	Change Addition
	NAME			3.2 NAME		
STR	EET ADDRESS				T ADDRESS	
CITY	-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	l		
STR	EET ADDRESS			4.3 STREE	T ADDRESS	
CITY	-ST-ZIP	_ 		4.4 CITY-1	ST - ZIP	
TITL			☐ DELET E	5.1 TITLE		Change Addition
NAN	I			5.2 NAME		
	ET ADDRESS				T ADDRESS	
-	-ST-ZIP		DOUTT	5.4 CITY - 5	ST - ZIP	[Abanca 1 addition
TITL	l l		DELETE	6.1 TITLE		Change Addition
NAN	E ADDECC			6.2 NAME	LADDRECC	

14. Thereby 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.

6.4 City-St-ZIP