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95 APR -4 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000084166 (6)

1. Corporation Name
SONIANA CORPORATION

Principal Place of Business Mailing Address

**2335 TAMAMI TRAIL N
SUITE 301
NAPLES FL 33940** **2335 TAMAMI TRAIL N
SUITE 301
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/03/1993 **06/30/1994**

4. FEI Number Applied For
APPLIED FOR 65-0565031 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GOLD, DENNIS S
2335 TAMAMI TRAIL N
SUITE 301
NAPLES FL 33940**

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 of 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 registering

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOLD, DENNIS S
STREET ADDRESS 2335 TAMAMI TRAIL N SUITE 301
CITY ST ZIP NAPLES FL 33940

TITLE P
NAME KEHRLI, SONIA
STREET ADDRESS 2335 TAMAMI TRAIL NO #301
CITY ST ZIP NAPLES FL

TITLE T
NAME KEHRLI, HANS PETER
STREET ADDRESS 2335 TAMAMI TRAIL NO #301
CITY ST ZIP NAPLES FL

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: _____ **Dennis S. Gold, Director** 3-9-95 8/3-648-4653

Signature and typed or printed name of signing officer or director Date System/Phone #