

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

FILED

**Jul 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084166 (6)
1. Corporation Name
SONIANA CORPORATION



Principal Place of Business 2335 TAMIAMI TRAIL N SUITE 301 NAPLES FL 33940	Mailing Address 2335 TAMIAMI TRAIL N SUITE 301 NAPLES FL 34103-4485
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2 Principal Place of Business 21 c/o DENNIS S. GOLD, ESQ. Suite, Apt. #, etc. 22 2335 TAMIAMI TRAIL NO., #301 City & State 23 NAPLES, FL Zip 24 34103	2a Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3 Date Incorporated or Qualified 12/03/1993	3a Date of Last Report 06/17/1996
4 FEI Number 65-0565031	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GOLD, DENNIS S
2335 TAMIAMI TRAIL N
SUITE 301
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name DENNIS S. GOLD, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 2335 TAMIAMI TRAIL NO., SUITE 301
83
84 City NAPLES
85 Zip Code FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME GOLD, DENNIS S	
STREET ADDRESS 2335 TAMIAMI TRAIL N SUITE 301	
CITY-ST-ZIP NAPLES FL 33940	
TITLE P	<input type="checkbox"/> DELETE
NAME KEHRLI, SONIA	
STREET ADDRESS 2335 TAMIAMI TRAIL NO #301	
CITY-ST-ZIP NAPLES FL	
TITLE T	<input type="checkbox"/> DELETE
NAME KEHRLI, HANS PETER	
STREET ADDRESS 2335 TAMIAMI TRAIL NO #301	
CITY-ST-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DENNIS S. GOLD, ESQ.	
1.3 STREET ADDRESS 2335 TAMIAMI TRAIL NO., SUITE 301	
1.4 CITY-ST-ZIP NAPLES, FL 34103	
2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SONIA KEHRLI	
2.3 STREET ADDRESS 2335 TAMIAMI TRAIL NO., SUITE 301	
2.4 CITY-ST-ZIP NAPLES, FL 34103	
3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME HANS PETER KEHRLI	
3.3 STREET ADDRESS 2335 TAMIAMI TRAIL NO., SUITE 301	
3.4 CITY-ST-ZIP NAPLES, FL 34103	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ **SONIANA CORPORATION**

CR2E034 (9/96)