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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

j	MENT # P94000 Y SOFFER, INC.	0037804 (9)						
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·			IA 0104 1901
19575 BISCA STORE 631 AVENTURA I	-	19575 BISCAYNE BLVD. STORE 631 AVENTURA FL 331 80			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1994			
2. Principal f	2. Principal Place of Business 2s. Mailing Address					4. FEI Number	I Ar	plied For
21		26				65-0491536		Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.	· ,				\$8.75	
22 City & Stat		City & Ctoto				Fee Re	·	
23	te .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Cou	intry		This corporation owes or has paid the current		
24	25	29	30	·		Personal Property Tax due June 30.		No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag		
Bernstein, Kenneth R				81	Name			
19495 BISCAYNE BLVD. SUITE 606 NORTH MIAMI BEACH FL 33180				82	32 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FL	85 Zip (Code
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 time if applicable (NOTE Registered Agent segnature required when reinstating) DATE								
TITLE	0	DELETE	1.1 TI	TLF			Change	Addition
NAME	SOFFER, JACQUELYN R		1.2 N/		ľ			
STREET ADDRESS	C/O 19575 BISCAYNE BLVD.	STORE 631	1.3 \$1	IRFET A	DURESS			
CITY-ST-ZIP	AVENTURA FL 33180		1,4 CI	TY-SI	- ZIP			
TITLE			2.1 T/	2.1 TITLE			Change	Addition
NAME	GATO, JOYCE		2.2 N	AME				
STREET ADDRESS	AVENTURA FL 33180 2		1	2.3 STREET ADDRESS				
CITY-SI-ZIP				2.4 GITY-ST-ZIP			Change	Addition
TITLE NAME	_			3.1 TITLE 3.2 NAME		· L	Unaily:	LLJ AUGIIION
STREET ADDRESS	ALA LICENS BLOCKLINE SILVE AND ADDRESS.			3.3 STREET ADDRESS				1
CITY-ST-ZIP				3.4 CITY-ST-ZIP				
TITLE				4.1 TITLE			Change	Addition
NAME			4. 2 N	4. 2 NAME				
STREET ADDRESS			4.3 \$1	REET A	DORESS			
CITY-ST-ZIP				4 4 CITY-ST-ZIP				
TITLE		DELETE	51 TII				Change	Addition
NAME			5.2 NA					Ì
STREET ADDRESS					DDRESS			
CITY-ST-ZIP		OF SEE	5.4 CI	1Y-S1-	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 logal 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

420198

305-937-6200

FILED

Jan 30 1998 8:00am

Secretary of State