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

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000011789

1. Corporation Name SOHO METALWORKS. INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90055 031 ***150.00



Principal Place	of Business	Mai	lling Address									
3737 NW 53RD STREET 3725 S OCEAN DRIVE SUITE 1412												
MIAMI FL 33142 HOLLYWOOD H 33019						DO NOT WRITE IN THIS SPACE						
us						-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							2/06/19		•		1	
O Deinalmal Di	lean of Business	20	Mailing Address		***************************************		El Numbe		<u> </u>	I Ar	polied For	
	lace of Business		3737 N.W.	520	۸- ه	II.	5-05769			<u> </u>	ot Applicable	
Suite, Apt. 1	# etc		Suite, Apt. #, etc.	عا ري اد	<u>y. 91</u>						Additional	
22	, 5.6.	27				5. C	ertifcate o	f Status Desired		Fee Re	equired	
City & State	e		City & State			6. E	lection Ca	mpaign Financing		\$5.00	May Be	
23		28	MIAMI, FL.	_4° 54		т	rust Fund	Contribution	<u> </u>	Added	to Fees	
Zip	Country		Zip	Country		8. T	his corpor	ation owes the cu	rrent year Ir		—	
24			33142 30	<u>)</u>				operty Tax		Yes	□No	
	9. Name and Address of Curre	ent Regist	ered Agent		L 81	10. N	lame and	Address of New	Registered	1 Agent		
DOC	ENBEDO IAON O			81	Name			Ç.				
ROSENBERG, JACK C				82	Street	Address (P.C). Box Nun	nber is Not Accep	table)			
4700 SHERIDAN ST BLDG N			83	<u> </u>	_				·			
	LYWOOD FL 33021			63								
1102	E11100D1E 000E1			84	City				FI	85 Zip	Code	
L	to the provisions of Sections 607.05	02 and 60	7 1509 Elorida Statutas	the above	l a-named	corporation	submits thi	s statement for th	e purpose o	f changing its	registered	
office or re	egistered agent, or both, in the State	e of Florida	a. Such change was auth	iorized by	the corp	oration's boa	rd of direct	ors. I hereby acc	ept the appo	ointment as re	gistered	
agent. I ar	m familiar with, and accept the obliga	ations of,	Section 607.0505, Florida	a Statutes	i.						-	
SIGNATURE	Signature, typed or printed name of registered agr	neat and title if	applicable (NOTE: Re	edistered Ager	nt signature :	required when rem	istating)		DATE			
t	Signature, typed or printed traine or registered ag-											
12.	OFFICERS A			13.		A	DITIONS	CHANGES TO O	FFICERS A	ND DIRECTO	ORS IN 12	
12. TITLE	OFFICERS A					Al	DITIONS	CHANGES TO O	FFICERS A	ND DIRECTO	DRS IN 12	
<u> </u>			TORS	13.								
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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 of 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 chapter in an attachment with an address, with all other like empowered. CITY-ST-ZIP:

SIGNATURE: