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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000014356 (6)

1. Corporation Name  
SOBE STITCH, INC.



Principal Place of Business

Mailing Address

~~100 N.E. 106TH TERRACE~~  
~~MIAMI FL 33170~~

~~100 N.E. 106TH TERRACE~~  
~~MIAMI FL 33170-4453~~

3. Date Incorporated or Qualified  
02/21/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 18590 NE 2nd Avenue  
Suite, Apt. #, etc.

2a. Mailing Address  
26 18590 NE 2nd Avenue  
Suite, Apt. #, etc.

4. FEI Number  
65-0558167  
Applied For  
Not Applicable

22 City & State  
23 N Mia Bch, FL 33179  
Zip Country

27 City & State  
28 N Mia Bch, FL 33179  
Zip Country

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

9. Name and Address of Current Registered Agent  
BRAUNSTEIN, ERIC J  
2 SOUTH UNIVERSITY DRIVE  
PLANTATION FL 33324

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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SAAR, OREN  
STREET ADDRESS ~~% 100 N.E. 106TH TERRACE~~  
CITY-ST-ZIP ~~MIAMI FL 33170~~  
TITLE ~~STD~~  
NAME ~~ATZMON, OIL~~  
STREET ADDRESS ~~% 100 N.E. 106TH TERRACE~~  
CITY-ST-ZIP ~~MIAMI FL 33170~~  
TITLE STD  
NAME ASYAG, MOSHE  
STREET ADDRESS 21388 MARINA COVE CIR  
CITY-ST-ZIP N. MIAMI BEACH, FL 33180  
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  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 18590 N.E. 2nd Avenue  
1.4 CITY-ST-ZIP N. Miami Beach, FL 33179  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: Y OREN SAAR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/17/97 Daytime Phone 305-770-9333

CR2E034 (9/96)