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 # P95000072983

1. Corporation Name SOFT ONES LISA, INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90103 013 ***150.00

| 001101 | | | | | | | | | | | |
|--|---|---|-------------------------|------------------|--------------|-----------|---|-------------------|---|-------------|----------------|
| Principal Place | e of Business | Mailing Address | | | | | | 1) WWYII WWIII IW | *** | B181 161 | IDS (III) ISBI |
| 7244 NW 34TH ST 7244 NW 34TH ST | | | | | | | | | | | |
| MIAMI FL 33122 MIAMI FL 33122 | | | | | | | DO NOT WRIT | E IN THIS S | SPACE | | |
| | | | | | | ŀ | 3. Date Incorporated or Qualifed | | , <u>, , , , , , , , , , , , , , , , , , </u> | | |
| | | | | | | | 09/18/1995 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | 1 | | | \dashv | 4. FEI Number | | | Appli | ied For |
| 21 P.O. [| | | | | | | 65-0634142 | - | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | | | | | \$8.7 | 5 Ad | ditional |
| 27 | | | | | | | 5. Certifcate of Status Desired | <u> </u> | Fee | Requ | uired |
| ~City & Stat | e | City & State | T | , | | -· | 6. Election Campaign Financing | ·i | | | ay Be |
| 23 | | 28 MIAMI | | | | | Trust Fund Contribution | | | ed to | Fees |
| Zip | Country | Zip 777// 4829 | Cou | ntry | | | 8. This corporation owes the curre | ent year inta | ngible □ Yes | _ | l]No ∫ |
| 24 | 25 | 29 33245-0839 | 30 | | | i | Personal Property Tax. 10. Name and Address of New R | onistered A | | | 7140 |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | | 10. Name and Address of New A | ogistorea | 90 | | |
| ΔTTI | AS, JOSEPH | | | | | | | | | | |
| 7244 NW 34TH ST | | | | 82 | Street A | ddres | ss (P.O. Box Number is Not Accepta | ble) | | | |
| | WI FL 33122 | | | 83 | | | | | | | |
| | | | | | | | | | | | |
| | | | | 84 | City | | | FL | 85 Z | ip Co | de |
| office or r | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was a lions of, Section 607.0505, Flo. | ntnorized rida Stati | ites. | пе согро | rauon | 's board of directors. I hereby accep | t the appoin | tment as | s regi: | stered |
| 40 | Signature, typed or printed name of registered ager | | 13. | Agent | signature re | quii eu w | ADDITIONS/CHANGES TO OFF | | DIREC | CTOR | S IN 12 |
| 12. TITLE | OFFICERS AND DIRECTORS DELETE | | | 1.1 TITLE | | | / OBINION OF BUILDING | , <u></u> | Chan | | Addition |
| NAME | ATTIAS, JOSEPH | _ | 1.2 N | ME | | | | | | | |
| STREET ADDRESS | TO A CAMPAGE OF THE OT | | 1.3 \$7 | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP MIAMI FL 33122 | | 1.47 | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | 1110 dvii 1 E 00 i E E | DELETE 2.1 | | | | | | | Chan | ige | Addition |
| NAME | 22 | | 2.2 N | 2.2 NAME | | | | | | | į |
| STREET ADDRESS | | | 2.3 ST | REET. | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 2.4 C | 2. 4 CITY+ST-ZIP | | | | | | | |
| -TITLE - | 3.1 | | 3.1 11 | 3.1 TITLE | | | • • | | Chan | ge ~ | Addition |
| NAME | IAME | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | _ | ΠΥ-SΤ | ZIP | | | | Cha- | | Addition |
| TITLE | · DELETE | | | 4.1 TITLÉ | | | | | ☐ Char | ige | Addibon |
| NAME | | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | □ DELETE | _ | TY-ST | -ZIP | | | | Char | | Addition |
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| NAME | | | | | ADDRESS | | | | | | |
| STREET ADDRESS | | | | TY-ST | - 1 | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 77 | | -" | | | | Char | nge | Addition |
| TITLE NAME |] | Dece | 6.2 N | | | | | | _ | - | _ |
| I NAME | 1 | | 1 | | 1 | | | | | | |

CITY-ST-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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: