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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087162 (0)

SOPHISTICATED COMMUNICATIONS, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			ı radılıddı kir talal billi balılı dalili adılı balılı balık idenli ilenli iledi		
9837 S.W. 18	4TH STREET	9837 S.W. 184TH STREE	T				
MIAMI FL 33157		MIAMI FL 33157			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IS SPACE	
					11/14/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	[Appl	lied For
21		26			65-0629821		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22 27					Cerindate of Status Desired	Fee Requ	uired
City & State		City & State			6. Election Campaign Financing	\$5.00 M	lay Be
23					Trust Fund Contribution	Added to	
Zip 24	Country	Z _{ip}	Country	<i>'</i>	8. This corporation owes or has paid the		
24 25 29 30 30 S. Name and Address of Current Registered Agent				Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent			
DE	IR, PETER Z		81	Name	10. Hame and Address of Hew Hogister	o Agent	
	RNANDEX, PETR & ASSOC	MATER					
1200 N.E. 207TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33179		B3				
tur.						· · · · · · · · · · · · · · · · · · ·	
			84	City	F	B5 Zip Co	de
11. Pursuant t	o the provisions of Sections 6	07.0502 and 607.1508, Florida Statut	es, the above	e-named co	rporation submits this statement for the purpose	of changing its r	registered
office or re	egi ster ed agent, or both, in the	e State of Florida. Such change was a e obligations of, Section 607.0505, Flo	authorized by	z the corpora	ation's board of directors. I hereby accept the a	ppointment as re-	gistered
SIGNATURE		gamero en essere est 10000, 1 kg	and Oldiolo	v .			
	Signature, typind or printed name of regist	ered agent and title if applicable (NOT	E. Registered Age	int signature requ	uired when reinslating) DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		IN 12
TITLE	C SIETALIER MINISTER	☐ DELETE	1.1 TITLE			Change	■ Addition
NAME	FLETCHER, MICHAEL S		1.2 NAME				
STREET ADDRESS	9837 S.W. 184TH STRE	ET	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			T - ZIP			
TITLE	PST DELETE		21 TITLE			Change [Addition
NAME	JACKSON, SEAN 9837 S.W. 184TH STRE	FT	22 NAME	ĺ			
STREET ADDRESS		EI	2 3 STREET				
CITY-ST-ZIP TITLE	MIAMI FL 33157	DELETE	2. 4 CiTY-5	ST-ZIP		Channa	Addition
NAME		C) presie	3.1 THL f			Change [Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.3 STREET				•
TITLE		DELETE	4.1 TITLE	31-ZIF		Change	Addition
NAME			4. 2 NAME			o.ungo L	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1-7IP			j
TITLE		☐ DELETE	6.1 TITLE			☐ Change [Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			İ
CITY-ST-ZIP		A	6.4 CITY - S				
14. I hereby co	ertify that the information support this annual report or supple	died with this filing dues not qualify formental annual report is true and acc	r the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further lure shall have the same legal effect as if made	certify that the inf	formation
Onicer of c	arector of the corporation or tr	ie recejver or truster emproweregrip e	execute this	report as rec	quired by Chapter 607, Florida Statutes; and that	at my name appea	ars in
DIOCK 12 0	r Bl oc k 13 if changed, or on a	in attachnidat with an address.					