**FILED** 

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90019 032 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000035445**

SOMMA TECHNOLOGY CORPORATION

	<i>.</i>									
Principal Place of Business Mailing Address						1 (99((89) 4)0 1				**********
2846 N.W. 79TH AVENUE		2846 N.W. 79TH AVENUE Miami Fl 33122							,	
MIAMI FL 33122				Ì	DO NOT WRITE IN THIS SPACE					
					Ì	3. Date incorporate	d or Qualifed			
						04/24/1996				
2. Principal Pl	2a. Mailing Address	dress			4. FEI Number			<del> </del>	lied For	
21{		26	Poils A.s M ata			65-0678995		***		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3, Apt. #, etc.			5. Certifcate of Stat	us Desired		ee Req	iditional uired
22 27 City & State City & State			<del></del>			6. Election Campaig	ın Financing -	_ \$5	.00 M	fav Be
23	28				Trust Fund Contr			ided to		
Zip Country Zip			Country			8. This corporation	owes the current	year Intangible		_
24	25	29 30				Personal Propert	<del></del>	☐ Yes	<u>.                                     </u>	□No
	9. Name and Address of Current	Registered Agent	81			10. Name and Addr	ess of New Reg	istered Agent		
CONTRA LIGHT F				Name						
Correa, Jose F 2846 N.W. 79Th Avenue			82 Street Addre			s (P.O. Box Number i	s Not Acceptable	<del>)</del>		
			83		· · · · · ·	<del> </del>				
MIAMI FL 33122			33							
			84	City				FL  85	Zip Co	ode
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 re 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 registagent. 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  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS										
12.	OFFICERS AND		13.			ADDITIONS/CHAI	IGES TO OFFIC	ERS AND DIR	=C1ON	☐ Addition :
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MILE			3.1 TITLE*	* * . =	• • •	والمراجع والمستد أسرت		Ch	ange	Addition !
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CITY-ST-ZIP	,	Ì	5.4 CITY-S	T-ZIP		•				
TITLE		☐ DELETE	6.1 TITLE					□ Cł	ange	☐ Addition
MANAGE			6.2 NAME		1					ļ

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



305-411-0020