

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

FILED
Jun 02 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 # P96000043823 (9)
1. Corporation Name
SOAN CORPORATION



Principal Place of Business: 9582 SW 18TH TER MIAMI FL 33165
Mailing Address: 9582 SW 18TH TER MIAMI FL 33165-7622

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	173 W. 22ND ST	26	173 W. 22ND ST	05/16/1996	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	City & State: MIAMI - FL	28	City & State: MIAMI FL	65-0702111	Not Applicable
24	Zip: 33010	29	Zip: 33010	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country: DADZ	30	Country: DADZ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PEREZ, JOSE A 9582 SW 18TH TER MIAMI FL 33165				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOSE A	1.2 NAME	
STREET ADDRESS	9582 SW 18TH TER	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ELSA M	2.2 NAME	
STREET ADDRESS	9582 SW 18TH TER	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

6/2/97

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____

CR2E034 (9/96)