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Feb 18 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 # P96000068380 (0)

1. Corporation Name
SOFT POINT ENTERPRISE CORPORATION



Principal Place of Business
2699 S. BAYSHORE DRIVE
SUITE 3000
COCONUT GROVE FL 33133

Mailing Address
2699 S. BAYSHORE DRIVE
SUITE 3000
COCONUT GROVE FL 33133-5492

3. Date Incorporated or Qualified
08/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 4580 BAY POINT RD.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33137

Country

25

2a. Mailing Address

26 4580 BAY POINT RD.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33137

Country

30

4. FEI Number

65-0702519

Applied For

Not Applicable

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

LEHMAN, JEFFREY E
2699 S. BAYSHORE DRIVE
SUITE 3000
MIAMI FL 33133

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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEY, WOLFGANG
STREET ADDRESS 4580 BAYPOINT ROAD
CITY- ST- ZIP MIAMI FL 33137-3314

TITLE P ☐ DELETE
NAME LEY, WOLFGANG
STREET ADDRESS 4580 BAY POINT RD.
CITY- ST- ZIP MIAMI, FL 33137-3314

TITLE V ☐ DELETE
NAME LEY, WOLFGANG
STREET ADDRESS 4580 BAY POINT RD.
CITY- ST- ZIP MIAMI, FL 33137-3314

TITLE T ☐ DELETE
NAME LEY, WOLFGANG
STREET ADDRESS 4580 BAY POINT RD.
CITY- ST- ZIP MIAMI, FL 33137-3314

TITLE S ☐ DELETE
NAME LEY, WOLFGANG
STREET ADDRESS 4580 BAY POINT RD.
CITY- ST- ZIP MIAMI, FL 33137-3314

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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: Wolfgang Ley, PRES. WOLFGANG LEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-
2-12-97 471 6833

Date Daytime Phone #

CR2E034 (9/96)