SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

SOFIA EXPRESS, INC.

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90009 040 ***150.00



Principal Place of Business Mailing Address							BRING SPRING STANDARD STANDARD	1831
640 CYPRESS CLUB WAY #D 640 CYPRESS			SS CLUB WAY #D					
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/23/1997		ì
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26	<u></u>		-	- 65-0722021 -	Not Applie	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 				\$8.75 Addition	nal
22		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 May B	6
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation owes the current year		
4 25		29	30		Intangible Personal Property. Yes 1		Yes No	
<u> </u>	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Agent	
				81	Name			
	(IN, ROUSLAN				Stroot Adde	Address (P.O. Box Number is Not Acceptable)		\longrightarrow
64 0 (CYPRESS CLUB WAY #D				Street Addit	JOIESS (F.O. DOX NUMBER IS NOT ACCEPTABLE)		
POM	PANO BEACH FL 33064			83				
					<u> </u>		las Zio Costa	—
				84	City		FL 85 Zip Code	
office or	to the provisions of sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obligion	e of Florida. Such change was	authorized	d by ti	amed corpor he corporation	ation submits this statement for the pur on's board of directors. I hereby accept	pose of changing its registered the appointment as registered	d
Signature, typed or printed name of registered agent and title if applicable. (NOTE					nt signature requ	ired when reinstating)	DATE	3
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF		- 1 i
TITLE	P DELETE		1.1 TIT	1.1 TITLÉ			Change Ad	ddition
NAME	ZANKIN, ROUSLAN			ME				
STREET ADDRESS 640 CYPRESS CLUB WAY #D			1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CI	TY-ST-Z	IP			{
TITLE	DELETE 2.			TLE			Change Ad	ddition
NAME		2.2 M						}
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS				}
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NAME			3.2 NA	ME				(
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TITLE		DELETE	4.1 TIT	TLE			Change Ac	ddition
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 ST	REET A	DDRESS			
CITY-ST-ZIP	, - ••		4.4 CIT	TY-ST-Z	iP			
TITLE	A STATE OF THE STA	DELETE	5.1 TIT	ΠE			Change Ac	ddition
NAME	Application of the second	_	5.2 NA	ME	1			
STREET ADDRESS			. 5.3 ST	REET A	DORESS			ĺ
CITY-ST-ZIP			5.4 CI	TY-ST-Z	IP			
TITLE			6.1 TIT				Change A	ddition
NAME			6.2 NA	ME	}			}
STREET ADDRESS					DDRESS			}
CITY-ST-ZIP				TY-ST-Z	1			
14. I hereby co	ertify that the information supplied with	th this filing does not qualify for				ion 119.07(3)(i), Florida Statutes. I furti	ner certify that the information	$\overline{}$

indicated on this annual report or supplied with this limit guest not quarity for the exemption stated in section 119.07(3)(). Flonda 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 of 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: