

PROFIT CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 27 PM 2:09

SECRETARY OF STATE

DOCUMENT # **P97000023098**

1. Corporation Name  
**SONI TECH INC.**

Principal Place of Business

**6385 SW 40TH STREET  
MIAMI FL 33155**

Mailing Address

**6385 SW 40TH STREET  
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1997**

4. FEI Number

**65-0734543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRENS, LISSETTE  
6385 SW 40TH STREET  
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

**FL**

85 Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	DP	11. TITLE	
2. ADDRESS	TORRENS, LISSETTE	12. NAME	
3. CITY-STATE-ZIP	6385 SW 40TH STREET MIAMI FL 33155	13. STREET ADDRESS	
4. NAME		14. CITY-STATE-ZIP	
5. ADDRESS		21. TITLE	
6. CITY-STATE-ZIP		22. NAME	
7. NAME		23. STREET ADDRESS	
8. ADDRESS		24. CITY-STATE-ZIP	
9. CITY-STATE-ZIP		31. TITLE	
10. NAME		32. NAME	
11. ADDRESS		33. STREET ADDRESS	
12. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
13. NAME		41. TITLE	
14. ADDRESS		42. NAME	
15. CITY-STATE-ZIP		43. STREET ADDRESS	
16. NAME		44. CITY-STATE-ZIP	
17. ADDRESS		51. TITLE	
18. CITY-STATE-ZIP		52. NAME	
19. NAME		53. STREET ADDRESS	
20. ADDRESS		54. CITY-STATE-ZIP	
21. CITY-STATE-ZIP		61. TITLE	
22. NAME		62. NAME	
23. ADDRESS		63. STREET ADDRESS	
24. CITY-STATE-ZIP		64. CITY-STATE-ZIP	

I 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, with all other like empowered.

SIGNATURE:

*Lissette Torrens*

4-22-99(305)669-4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lissette Torrens*

Date

Daytime Phone #

4-25-00(305)669-4469

CR2E034 (11/98)