

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 22 PM 12:05

DOCUMENT # P97000046568

1. Corporation Name  
SORENSEN & ASSOCIATES INC.

Principal Place of Business

101 N ATLANTIC BLVD  
FT LAUDERDALE FL 33304

Mailing Address

101 N ATLANTIC BLVD  
FT LAUDERDALE FL 33304

07-13-99 - 90011 - 637 \$150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4271 N.W. 89TH AVE.

Suite, Apt. #, etc.

22 #202

City & State

23 CORAL SPRINGS, FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 4271 N.W. 89TH AVE.

Suite, Apt. #, etc.

27 #202

City & State

28 CORAL SPRINGS, FL

Zip

29 33065

Country

30 USA

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0755389

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 owes the current year  
Intangible Personal Property

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SORENSEN, JUAN C  
101 N ATLANTIC BLVD  
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name  
MANUEL L. RIVERO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1313 PONCE DE LEON BLVD.,  
83 SUITE 300  
84 City  
CORAL GABLES FL 85 Zip Code  
33134

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 provisions 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

MANUEL L. RIVERO

7/6/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	SORENSEN, JUAN C	4271 N W 89TH AVE #202	CORAL SPRINGS FL 33065	<input type="checkbox"/>
ST	SORENSEN, SOFIA B	4271 N W 89TH AVE #202	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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.

SIGNATURE:

*J. Sorensen*

JUAN C. SORENSEN

7/2/99

(305) 443-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

**Sorensen & Associates, Inc.  
DBA Sophie's Café  
1313 Ponce De Leon Blvd., Ste.300  
Coral Gables, FL 33134**

October 20, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REF: #P97000046568

Gentlemen:

Attached you will find a copy of our original Annual Report Filed. We don't undersatand the reason for Administrative Dissolution. We have also checked with our bank and ck #1527 in the amount of \$150.00 was cashed 7/16/99.

We respectfully request that this problem be clarified and send us a response of this procedure.

Thank you in advance for your cooperation in this matter.

Sincerely,

**Juan C. Sorensen**  
Juan C. Sorensen