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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072059

1. Corporation Name SOKOTECH INC

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90209 004 ***150.00

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Principal Place	of Business	Mai	ling Address					E SERCETAL SIO POLIS PORIS OCISCO)	1918 17811 861 0 1	61116 1611 (68)	
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}								08/11/1997				
2. Principal P	ace of Business	2a.	Mailing Address					4. FEI Number		Ap	plied For	
21			26					65-0789030			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 / Fee Re		1
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Zip Country-			Zip Country					This corporation owes the curr	rent vear Int			1
24	25	29		30	,			Personal Property Tax.	Citt your min	Yes	□No	
24)	9. Name and Address of Current		red Agent	100	Τ-		1	0. Name and Address of New	Registered .	Agent]
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	21 S DIXIE HWY				82	Street A	(dui ess	(P.O. Box Number is Not Accept	aule)			
MIAI	AII FL 33156				83		_]
					84	City		· · · · · ·	FL	85 Zip	Code	ĺ
11 Purcuant	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Stati	ites, the a	hove	-named c	corpora	tion submits this statement for the	numose of	 changing its	registered	1
! office or r	egistered agent, or both, in the State c	of Florida	i. Such change was	authorized	i yd t	the corpor	ration's	board of directors. I hereby acce	ot the appoin	ntment as re	gistered	
agent. Fa	m familiar with, and accept the obligati	tions of, a	Section 607,0505, Fi	iorida Stat	utes.							
0.0												
SIGNATURE	Streeture, typed or printed name of registered agent	st and title if	applicable (NO)	TE: Registered	Agent	t signature rec	guired wh	en reinstating)	DATE			} =
	Signature, typed or printed name of registered agent			TÉ: Registered	Agent	t signature req	quired wh	en reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	100
12.	Signature, typed or printed name of registered agent OFFICERS AND					t signature req	quired wh			D DIRECTO	DRS IN 12	(44,00)
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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, with all other like empowered.

SIGNATURE: 2