

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097290 (5)

1. Corporation Name
SOWCH, INC.



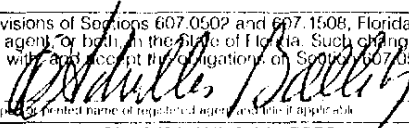
Principal Place of Business 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131	Mailing Address 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 815 WASHINGTON AV Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FL Zip 24 33139		2a. Mailing Address 26 815 WASHINGTON AV Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, FL Zip 29 33139		3. Date Incorporated or Qualified 11/14/1997	
25 DADC		30 DADC		4. FEI Number 65-0799221 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 or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

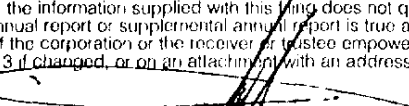
9. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A ESO PROFLET & ASSOCIATES 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name ACHILLES BALLESTAS 82 Street Address (P.O. Box Number is Not Acceptable) 7730 SW 68 TR 83 84 City MIAMI FL 85 Zip Code 33143	
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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  ACHILLES BALLESTAS 3-12-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE P.D CARLOS JALIL 815 WASHINGTON AV MIAMI BEACH, FL 33139	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE VP, D GUILLERMO JALIL 815 WASHINGTON AV MIAMI, FL 33139	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE S.D SONIA BRUCKI 815 WASHINGTON AV MIAMI BEACH, FL 33139	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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  CARLOS JALIL 3-12-98

CR2E034 (10/97)