PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90255 047 ***150.00

	1999						_								
DOCUI	MENT # P98000	06412	26												
SOBE INVESTMENT GROUP INC.															
SOUL II	AAFOUNDAL GUIDOL MAD							}							
Principal Place	e of Business	Mailing Ad	Idress					- []		NS TANK PAYER		ii e a mii aiba i		lete ett løet	
1881 WASHING		1881 WASH	IINGTON ST. 12C								• ,				
			AI BEACH FL 33139			DO NOT WRITE IN THIS SPACE									
							-	Data In	ncorporated			- OF ACE			ı
							٠,		1/1998	Of Guarile	u	•			
2 Deinstant O	lace of Business	2a. Mailing	Address				4.	FEI Nu				 r	App	led For	
¬ '	INCO OL DOSILIOSS	26				Ţ		- 084	937	7	. -		Applicable		
Suite, Apt.	# etc.	Suite, Apt. #, etc.				+:		 :		.	\$8.7	75 Ac	Iditional		
22	, , , , , , , , , , , , , , , , , , ,	27				°-	Certifo	ate of Statu	s Desired		Fe	e Req	uired		
~ - City-& Stat	8	City &	State				6.	Electio	n Campaigr	Financing	, ,	\$5.	00 N	lay Be	ĺ
23		28					-		und Contrib				ded to	Fees	 :
2lp	Country -	Zip		_	ntry==	٠٠٠٠٠٠٠	~ -8.		orporation o		irrent year]No	=
24	25	29	30	<u>니</u>			ᆜ		nal Property		0-1-1-	☐ Yes		סאו	ı
	9. Name and Address of Current	Registered A	gent		81	Name	10.	Name	and Addre	22 OI M6M	Registere	in Whant			
ŲHY	NNA, MIKE			1	}										ĺ
	1 WASHINGTON ST. 12C			ĺ	82	Street Add	dress (P.O. Box Number is Not Acceptable)							l	
	MI BEACH FL 33139		83							·			 	1	
MICA	III DEACTITE GO 160				83										
				- 1	84	City					F	85	Zip Co	ode	ĺ
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508 of Florida. Such	, Florida Statutes, change was auth	the at	by the	amed corporati	poratio ion's b	n submit	ts this state directors. I !	ment for th sereby acc	e purpose ept the app	of changin cointment a	g its n is regi	egistered stered	
agent. 1 a	m familiar with, and accept the obligati	ions of, Section	607.0505, Florid	a Statu	xes.										ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: Re	gistered .	Agent si	ignatum requin	ad when	reinstating)		-	DATE				la
12.	OFFICERS AND			13.				ADDITIO	ONS/CHAN	GES TO O	FFICERS A				1 5
TITLE	PCEO		DELETE	1.1 TIT	le.	· .						☐ Cha	nge	☐ Addition	0000004 (44(00)
NAME	BECHNAINOU, STEPHAN			1.2 NA	ME	[•						3
STREET ADDRESS	5161 COLLINS AVE. APT. 417			1.3 577	REET AL	DORESS									إ
CITY-ST-ZIP	MIAMI BEACH FL 33140		V		ry-51-Z	26			<u> </u>					Addition	į
TITLE	TD		DELETE	2.1 TIT	î.E							Cha	nge	☐ ADCIBOII	l `
NAME	Bechnainou, Stephan	·		22 NA											(
STREET ADDRESS					REETA	1									
CITY-ST-ZIP	MIAMI BEACH FL 33140		——————————————————————————————————————		TY-S1-2	ZP						Cha	200	Addition	
-TITLE	-VSD		OELETE	3,1 717									, No	C) Assisted	
NAME	OHANA, MIKE		 -	32 NA		200000									-=
STREET ADDRESS					REET AL										
CITY-ST-ZIP	MIAMI BEACH FL 33139		- DELETE		TY-SI-2							Cha	nge_	Addition	,
HILE				4.2 N											ľ
NAME STREET ANDRESS	·				REET AL	ODRESS I			•	,		٠.			
STREET ADDRESS OTTY-ST-ZIP				8	ry-st-z										
TITLE			DELETE	5.1 HT		_						Cha	nge	☐ Addition	1
NAME				52 NA					•	, ·					
STREET ADDRESS				5.3 STI	REET AL	DORESS					•				
CITY-ST-ZIP	1	,		54 CR	Y-ST-Z	ne									1
TIME			DELETE	6.1 TIT	LE				····			Cha	nge	☐ Addition	l
NAME				3240	ME	ŀ									1
STREET ADDRESS	1		//	6.3 ST	REET AC	DORESS									ĺ
CITY-ST-ZIP			_//_	6.4 CIT	Y-5T-2						•	<u>.</u>			ĺ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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 13 if changed, or on the attachment with an address, with all other like empowered.

SIG	N/A	TI	IDE

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR