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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUN -2 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000065013

1. Corporation Name

SOHO AMERICA. COM, INC

Principal Place of Business: 5201 Blue Lagoon Dr. Penthouse Miami, Fl 33126

Mailing Address:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip / Country
24
25 Mia-Dade

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip / Country
29
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-23-98
4. FEI Number: 65-0857445 [ ] 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUIS R. SUAREZ
5201 Blue Lagoon Dr. Penthouse
Miami, Fl. 33126

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: [signature] Luis R. Suarez — DATE: 6-2-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Pres, Secr, Treas	[X] DELETE
NAME	Jack Johnson	
STREET ADDRESS	3850 SW 87 Ave, #308	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres, Secr, Treas	[X] Change [ ] Addition
1.2 NAME	Dr. Luis R. Suarez	
1.3 STREET ADDRESS	5201 Blue Lagoon Dr, Penthouse	
1.4 CITY-ST-ZIP	Miami, Fl. 33126	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	500002887055--3	
2.3 STREET ADDRESS	-05/26/99--01043--023	
2.4 CITY-ST-ZIP	*****78.75 *****78.75	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME	500002887055--3	
3.3 STREET ADDRESS	-06/02/99--01078--002	
3.4 CITY-ST-ZIP	*****71.25 *****71.25	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] Luis R. Suarez, President — 305-716-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #