

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90098 043 ***150.00

DOCUMENT # P98000075046

1. Corporation Name
SOGÉ FINANCIAL SERVICES, INC.



Principal Place of Business
1201 MANATI AVENUE
CORAL GABLES FL 33146

Mailing Address
1201 MANATI AVENUE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2655-LE JEUNE ROAD

Suite, Apt. #, etc.

22 SUITE 503

City & State

23 CORAL GABLES FL

Zip

24 33146

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

65-0864-337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME DEGROEN, DIRK
STREET ADDRESS 1201 MANATI AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

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 D MOSCOSO, GERARD ☐ Change ☒ Addition
1.2 NAME SOGEBANK BUILDING
1.3 STREET ADDRESS 5TH FLOOR
1.4 CITY-ST-ZIP AUTOROUTE DELMAS
PORT-AU-PRINCE HAITI

2.1 TITLE D ~~RALPH~~ PERRY, RALPH ☐ Change ☒ Addition
2.2 NAME SOGEBANK BLDG
2.3 STREET ADDRESS AUTOROUTE DELMAS
2.4 CITY-ST-ZIP PORT-AU-PRINCE, HAITI

3.1 TITLE D ~~GUY~~ RIVIERE, GUY ☐ Change ☒ Addition
3.2 NAME SOGEBANK BLDG
3.3 STREET ADDRESS AUTOROUTE DELMAS
3.4 CITY-ST-ZIP PORT-AU-PRINCE, HAITI

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:

DIRK DEGROEN

4/26/99

Date

305-447-0570

Daytime Phone #

CR2E034 (1/98)

0218511