


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

FILED
 Aug 19 1999 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P98000093015 Corporation Name SOFISA BANK OF FLORIDA



07/12/99 90009 044 550.00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business 096 S. DUKE HWY. AMI FL 33156	Mailing Address 14065 S. DUKE HWY. MIAMI FL 33156
Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 26 P. O. Box 562500 Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 33256-2500 Country 30 U. S. A.

3. Date Incorporated or Qualified 11/03/1998	4. FEI Number 67-0878433 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
	85 Zip Code

I, 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D BURMAIAN, VARIJAN ALAMEDA FRANCA 680, APT. 26 SAO PAULO, S.P., BRAZIL	1.1 TITLE	Antonio De Padua Seixas
ME	<input type="checkbox"/> DELETE	1.2 NAME	Rua Jose Maria Lisboa #1162 Apt. 11A
REET ADDRESS		1.3 STREET ADDRESS	Sao Paulo, S.P. 01423
TY-ST-ZIP		1.4 CITY-ST-ZIP	
LE	D BURMAIAN, ALEXANDRE ALAMEDA FRANCA 680, APT. 26 SAO PAULO, S.P., BRAZIL	2.1 TITLE	Donald L. Burgess
ME	<input type="checkbox"/> DELETE	2.2 NAME	1994 Palo Alto Avenue
REET ADDRESS		2.3 STREET ADDRESS	Lady-Lake, Fl. 32159-9210
TY-ST-ZIP		2.4 CITY-ST-ZIP	
LE	D DOMINGUEZ, LUIS V 4477 N.W. 83RD DORAL CT. MIAMI FL 33178	3.1 TITLE	
ME	<input type="checkbox"/> DELETE	3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
LE	D LONDONO, ROBERT M 9530 S.W. 68TH AVE. MIAMI FL 33166	4.1 TITLE	
ME	<input type="checkbox"/> DELETE	4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
LE	D MUELLER, GEORGE R 8058 GLENDALE DR. BOCA RATON FL 33433	5.1 TITLE	
ME	<input type="checkbox"/> DELETE	5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
LE	D ROCHA, PAULO M 101 CRANDON BLVD., APT. 377 KEY BISCAYNE FL 33149	6.1 TITLE	
ME	<input type="checkbox"/> DELETE	6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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: [Signature] Date: July 4, 1999 Daytona Phone #: 305-256-0900

CR2E034 (5/99)

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