FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S61782** **(6)**

1. Corporation Name

SOVEREIGN PROPERTY DEVELOPMENT, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **06/24/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 80 SW 8th St
22 Suite, Apt. #, etc. #2120
23 City & State Miami, FL
24 Zip 33130 25 Country USA

2a. Mailing Address
26 80 SW 8th St.
27 Suite, Apt. #, etc. #2120
28 City & State Miami, FL
29 Zip 33130 30 Country USA

4. FEI Number **65-0270865** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC.
ONE CENTRUST FINANCIAL CENTER, SUITE 3600
100 S.E. 2ND ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Carlos Vergara
82 Street Address (P.O. Box Number is not acceptable) 80 SW 8th St.
83 #2120
84 City MIAMI FL 85 Zip Code 33130

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: Carlos M. Vergara 7-25-96
Signature (typed or printed name of registered agent) (Title if applicable) (Registered Agent Signature required when filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VERGARA, CARLOS M.	1.2 NAME	Carlos Vergara
STREET ADDRESS	2333 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	80 SW 8th St. #2120
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami FL 33130
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Vergara 6-5-96 (305) 371-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)