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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

19	999 🥳	Switz -	DIVISION OF COR	PORATIC	ONS	02-20-1999 90166 038 ***	150.00	
DOCUM	ENT # S787	33						
1. Corporation Name SONIER INVESTMENT, INC.							1811 BIBN BIBN BIBN !	anan n as
Dringing Place 0	of Rusiness	Mailing /	Address					
Principal Place of Business Mailing Address 31 TAMIAMI CANAL RD PO BOX 20074								
BOX 520574 MIAMI FL 33132						DO NOT WRITE IN THIS SPACE		
MIAMI FL 33144 US						3. Date Incorporated or Qualifed		ļ
03		_				09/05/1991 4. FEI Number	Applie	d For
2. Principal Plac	ce of Business		ng Address			65-0340856		oplicable
21		26 Suit	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addi Fee Requi	
Suite, Apt. #,	, etc.	27	s, rept. 11, oto.			5. Certificate of Carino	\$5.00 Ma	
City & State			& State				Added to F	
23		28		Country		This corporation owes the current year in	tangible	
Zip	Country	Zip	30	Country		Personal Property Tax.	☐ Yes ☐	No
24	25 9. Name and Address of	29 Current Registere		<u>, </u>		10. Name and Address of New Registered	Agent	
	9. Name and Address of	Current Kegistere		81	1			
BATIS	STA, SONIA F.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		Ì
9460 SW 81ST				83	<u> </u>			
MIAM	II FL 33173			0.	<u>' </u>		85 Zip Coo	de
				84		<u>F</u> I	1 1 1	
	of Continue	607 0502 and 607.1	508. Florida Statutes	the abo	ve-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its re ointment as regis	stered
11. Pursuant t	egistered agent, or both, in the	ne State of Florida.	Such change was autorion 607.0505, Florid	horized b da Statute	y the corporations.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app		
1	n familiar with, and accept to	te obligations of, 11				UAIE		
SIGNATURE	Signature, typed or printed name of rec	jistered agent and title if app		Registered Ag	ent signatura requir	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 12
12.		ERS AND DIRECT	DRS DELETE	1.1 TITLE			Change	☐ Addition
TITLE	D CONIA E			1.2 NAM	£			
NAME	BATISTA, SONIA F. 31 TAMIAMI CANAL			1.3 STRE	EET ADDRESS		,	
STREET ADDRESS	MIAMI FL 33144			1.4 CITY	-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE	MITWIN 12 SOTT		DELETE	2.1 TITL				
NAME				2.2 NAM	r	ې مدينت		
STREET ADDRESS					Y-ST-ZIP		<u> </u>	
CITY-ST-ZIP			DELETE	3.1 TITL			☐ Change	☐ Addition
TITLE			_	3.2 NAM	AE			
NAME	,			3.3 STR	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 TITU				
NAME				4, 2 NA	REET ADDRESS		•	
STREET ADDRESS	s			•	Y-ST-ZIP	<u> </u>		Addition
CITY-ST-ZIP			☐ DELETE	5.1 TIT			Change	C) Addition
TITLE				5.2 NA	I		•	
NAME STREET ADDRES	s			1	REET ADDRESS		•	
CITY-ST-ZIP			<u> </u>	6.4 CF	ry-st-zip		Change	☐ Addition
TITLE		· · · ·	☐ DELETE	6.2 NA	1			
NAME					REET ADORESS		•	

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:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR