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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V16238 (0)

1. Corporation Name  
SOVRAN ENTERPRISES, INC.

Principal Place of Business

3530 MYSTIC POINTE DR  
#2209  
AVENTURA FL 33180  
US

Mailing Address

3530 MYSTIC POINTE DR  
#2209  
AVENTURA FL 33180-4532  
US



2. Principal Place of Business	2a. Mailing Address
21 10300 SUNSET DRIVE	26 10300 SUNSET DRIVE
22 Suite, Apt. #, etc. #305	27 Suite, Apt. #, etc. #305
23 City & State MIAMI FLORIDA	28 City & State MIAMI FLORIDA
24 Zip 33173	29 Zip 33173
25 Country U.S.	30 Country U.S.

3. Date Incorporated or Qualified 02/21/1992	3a. Date of Last Report 02/01/1996
4. FEI Number 65-0314394	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUBENSTEIN, ARNOLD M.  
3530 MYSTIC POINTE DR  
#2209  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	RUBENSTEIN ARNOLD M.
82 Street Address (P.O. Box Number is Not Acceptable)	10300 SUNSET DRIVE
83	#305
84 City	MIAMI
85 FL	33173

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	RUBENSTEIN, ARNOLD M.	1.2 NAME	RUBENSTEIN, ARNOLD M.
STREET ADDRESS	3530 MYSTIC PT DR. #2209	1.3 STREET ADDRESS	10300 SUNSET DRIVE #305
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33173
TITLE	COO	2.1 TITLE	COO
NAME	RUBENSTEIN, JUDITH J.	2.2 NAME	RUBENSTEIN, JUDITH J.
STREET ADDRESS	3530 MYSTIC POINTE DR. #2209	2.3 STREET ADDRESS	10300 SUNSET DRIVE #305
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	MIAMI FLORIDA 33173
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

ARNOLD M. RUBENSTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 305 595 1168  
Date Daytime Phone #

CR2E034 (9/96)