

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT



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

1996 6-28 96

B-7154 C

DOCUMENT # P94000050047 (7)  
 1. Corporation Name

SOSA GROUP, INC.



Principal Place of Business: 5433 NW 59TH PL TAMARAC FL 33319  
 Mailing Address: 5433 NW 59TH PL TAMARAC FL 33319

3. Date Incorporated or Qualified: 07/01/1994  
 3a. Date of Last Report: 07/31/1995

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 22 Suite, Apt #, etc: 27  
 23 City & State: 28  
 24 Zip: 25  
 29 Country: 30  
 2213 E ATLANTIC BL  
 POMPANO BEACH FL  
 33062-5209 BROWARD

4. FEI Number: 65-0509733  
 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

HESTON, FRANK J  
 9900 W SAMPLE RD, 400  
 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 FL

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 of Current Registered Agent and that I appear as

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS  
 TITLE: D  
 NAME: CHASE, WILLIAM  
 STREET ADDRESS: 5433 NW 59TH PL  
 CITY-ST-ZIP: TAMARAC FL 33319  
 TITLE: D  
 NAME: SOSA, SAMMY  
 STREET ADDRESS: 5433 NW 59TH PL  
 CITY-ST-ZIP: TAMARAC FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 11 TITLE: PRES  
 12 NAME: CHASE, WILLIAM  
 13 STREET ADDRESS: SAME  
 14 CITY-ST-ZIP: SAME

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *William Chase*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM CHASE 6-17-96 (954) 726-5335

CR2E034 (3/96)