

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021091 (0)**
1. Corporation Name
SONOCLIPS CORP.



Principal Place of Business
**358 E. RIVERBEND DRIVE
FT. LAUDERDALE FL 33326**

Main Address
**358 E. RIVERBEND DRIVE
FT. LAUDERDALE FL 33326**

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22	27
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25	30

3. Date Incorporated or Qualified 03/15/1995	3a. Date of Last Report
4. FEIN number 65-0566879	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

**AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134**

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

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE

12. OFFICERS AND DIRECTORS	
1. TITLE	P
2. NAME	GUARDIA, ROMULO
3. STREET ADDRESS	358 E. RIVERBEND DRIVE
4. CITY-STATE-ZIP	FT. LAUDERDALE FL 33326
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	

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04/12/96--01014--007
***200.00**

14. I do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: **PRESIDENT** APRIL 1ST 96 (305) 3896150

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)