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May 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000104108**

1. Corporation Name
SOCALMUR, INC.



Principal Place of Business
 9538 PARKVIEW AVENUE
 BOCA RATON FL 33428

Mailing Address
 9538 PARKVIEW AVENUE
 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **9538 PARKVIEW AVE**

2a. Mailing Address

26 **5410 WEST 21 CT**

Suite, Apt. #, etc.

22 **- HOUSE COMMUNITY**

Suite, Apt. #, etc.

27 **306 APT**

City & State

23 **BOCA RATON - FLORIDA**

City & State

28 **MIAMI - FLORIDA**

Zip

24 **33428**

Country

Zip

29 **33060000**

Country

30 **USA**

3. Date Incorporated or Qualified

12/15/1998

4. FEI Number

223626076

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MURICA, ROSAURA AMALIA
 9538 PARKVIEW AVENUE
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name **MURICA, ROSAURA AMALIA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE **PSD** DELETE
 NAME **MURCIA, ROSURA AMALIA**
 STREET ADDRESS **9538 PARKVIEW AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VTD** DELETE
 NAME **MURCIA, SOCORRO E**
 STREET ADDRESS **9538 PARKVIEW AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY** Change Addition
 1.2 NAME **NEUARDO MURCIA GARCIA**
 1.3 STREET ADDRESS **CALLE CONSEJO 40 20 B**
 1.4 CITY-ST-ZIP **ESPAÑA**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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: **Rosauro Amalia Murcia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 1999
 Date Daytime Phone #

CR2E034 (1/98)