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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29681

1. Corporation Name

SORIMA GROUP INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 042 ***150.00



Principal Place	e of Business	Mailing Address) INNLIÈIA IIN IINIE IBIIA NIIRI INI	M) IIMI MIMI AX		ION BIBNITAN
2168 ROSEGATE DR		2168 ROSEGATE DR		\					
LSM-5A5		MISSISSAUGA ONTARIO CANADA L5M 5-5 US							
MISSISSAUGA ONTARIO CANADA					DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed			ļ
						02/04/1991			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26 2168 Rosegal	e by	r . , •		59-3049663		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28 MISSISSAUSA	ont			Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip	Country	/ 10 D	A	8. This corporation owes the curre	ent year Inta		
24	25	29 LSM SM 30	CA	NAD	"	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New R	egistered /	Agent	
			81	Name					Ì
	MERMANN, BETTY		82	Street	Δddras	s (P.O. Box Number is Not Accepta	hlel		{
	CHERA CT.	62		Cuber	7100100	G (1.0. Box (val))Box to Not Abbopto	,,,,		
ORL	ANDO FL 32806								
			84	City				85 Zip 0	Code
				'			<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes,	the abov	e-named	corpora oration's	ation submits this statement for the	purpose of t the appoir	changing its ntment as rec	registered distered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	3.	0.0007	,	toto appair		g
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	st and title if applicable. (NOTE: Re	gistered Age	nt signature r	required w	hen reinstating)	DATE		
SIGNATURE	OFFICERS AN	D DIRECTORS	13.	nt signature r	required w	hen reinstating) ADDITIONS/CHANGES TO OFF			
	OFFICERS AN	<u> </u>	<u> </u>	nt signature r	required w			D DIRECTO	RS IN 12
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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: