FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **191804** **(4)**

1. Corporation Name
SOKA CORPORATION

Principal Place of Business	Mailing Address
% SAGE, PAUL ONE OLD COUNTRY RD. CARLE PLACE NY 11514	% SAGE, PAUL ONE OLD COUNTRY RD. CARLE PLACE NY 11514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1956**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1591443**	☐ 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
7. Florida Statutes ☐ Yes ☐ No	8. This corporation has liability for intangible tax under S. 199.032,

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

GRADY, JOAN M
C/O 9628 NE 2 AVE *PARRY REAL ESTATE*
SUITE A
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
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, type or printed name of registered agent and the date of signature) (NEW Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SAGE, PAUL	12 NAME	
STREET ADDRESS	ONE OLD COUNTRY RD.	13 STREET ADDRESS	
CITY ST ZIP	CARLE PLACE NY	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	EMIRZIAN, NELLY	22 NAME	
STREET ADDRESS	55 CHAMP DUVERT CHASSEUR	23 STREET ADDRESS	
CITY ST ZIP	BRUXELLES, 1180 BELGIU	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GRADY, JOAN *C/O PARRY REAL ESTATE*	32 NAME	
STREET ADDRESS	C/O 9628 NE 2 AVE, SUITE A	33 STREET ADDRESS	
CITY ST ZIP	MIAMI SHORES FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: *Paul Sage* 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0396633 FP