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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/27/1956
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Parry Real Estate	26 c/o Parry Real Estate
Suite, Apt. #, etc. 22 9628 NE 2nd Ave Ste A	Suite, Apt. #, etc. 27 9628 NE 2nd Ave Ste A
City & State 23 Miami Shores Fl	City & State 28 Miami Shores Fl
Zip / Country 24 33138 / 25 USA	Zip / Country 29 33138 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRADY, JOAN M
PARRY REAL ESTATE
SUITE A
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name: Correct Address only
82 Street Address (P.O. Box Number is Not Acceptable): 9628 NE 2nd Ave Ste A
83
84 City: Miami Shores FL 85 Zip Code: 33138

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 _____ DATE _____
Signature, typed or printed name of filing officer and the date of signing (NOTE: Registered Agent signature is required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAGE, PAUL ONE OLD COUNTRY RD. CARLE PLACE NY	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMIRZIAN, NELLY 55 CHAMP DUVERT CHASSEUR BRUXELLES, 1180 BELGIU	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRADY, JOAN C/O 9628 NE 2 AVE, SUITE A MIAMI SHORES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President/Director Grady Joan C/O 9628 NE 2 Ave Ste A Miami Shores, Fl 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: X Joan M Grady 3/15/96 305-758-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #