

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
C/O PARRY REAL ESTATE C/O PARRY RAL ESTATE
9628 NE 2ND AVENUE, SUITE A 9628 NE 2ND AVENUE, STE A
MIAMI SHORES FL 33138 MIAMI SHORES FL 33138
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
03/27/1956		59-1591443	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing		Not Applicable	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible		8.75 Additional	
Personal Property Tax due June 30.		Fee Required	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be	
		Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRADY, JOAN M		81 Name	
9628 NORTHEAST 2ND AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE A		83	
MIAMI SHORES FL 33138		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, JOAN	1.2 NAME	
STREET ADDRESS	C/O 9628 NE 2 AVE STE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMIRZIAN, NELLY	2.2 NAME	
STREET ADDRESS	55 CHAMP DUVERT CHASSEUR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRUXELLES, 1180 BELGIU	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, JOAN	3.2 NAME	
STREET ADDRESS	C/O 9628 NE 2 AVE, SUITE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

[Handwritten Signature]

CR2E034 (10/97)