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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 349197 (4)

1. Corporation Name
SOMERSET HILLS CORP.



Principal Place of Business
350 N.W. 17TH PLACE
FT LAUDERDALE FL 33311

Mailing Address
350 N.W. 17TH PLACE
FT LAUDERDALE FL 33311-4852

3. Date Incorporated or Qualified 07/10/1969
3a. Date of Last Report 05/24/1996

2. Principal Place of Business
21 1950 N. ANDREWS AVE.
Suite, Apt. #, etc.
22 #106 D
City & State
23 WILTON MANORS, FL.
Zip Country
24 33305 25 USA

2a. Mailing Address
26 1950 N. ANDREWS AVE
Suite, Apt. #, etc.
27 #106 D
City & State
28 WILTON MANORS, FL.
Zip Country
29 33305 30 USA

4. FEI Number 59-1274692
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

MOLINERI, BRUNO
350 N.W. 17TH PLACE
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name BRUNO MOLINARI
82 Street Address (P.O. Box Number is Not Acceptable) 1950 N. ANDREWS AVE.
83 #106 D
84 City WILTON MANORS FL 85 Zip Code 33305

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 Bruno Molinari Pres. 2-1-97
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	PD	<input type="checkbox"/> DELETE
NAME	MOLINARI, BRUNO	
STREET ADDRESS	5171 NW 87TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLINARI, CAROL	
STREET ADDRESS	5171 NW 87TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MOLINERI, BRUNO	
STREET ADDRESS	5171 NW 87TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Bruno Molinari REQUIRED 2-1-97 954-561-4488
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)