

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **451658** (9)

1. Corporation Name
S.O.C.I., INC.



Principal Place of Business: **11921 SOUTH DIXIE HIGHWAY #202 MIAMI FL 33156**
Mailing Address: **11921 SOUTH DIXIE HIGHWAY #202 MIAMI FL 33156**

3. Date Incorporated or Qualified: **06/11/1974**
3a. Date of Last Report: **12/26/1995**
4. FEI Number: **59-1951494** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, IRA B
9130 SOUTH DATELAND BLVD STE 1705
MIAMI FL 33156**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME	2.1 NAME
2. NAME	3. STREET ADDRESS	3. STREET ADDRESS	3.1 STREET ADDRESS
3. STREET ADDRESS	4. CITY, ST, ZIP	4. CITY, ST, ZIP	4.1 CITY, ST, ZIP
4. CITY, ST, ZIP	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. TITLE	5.1 TITLE
5. TITLE <input type="checkbox"/> DELETE	6. NAME	6. NAME	6.1 NAME
6. NAME	7. STREET ADDRESS	7. STREET ADDRESS	7.1 STREET ADDRESS
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8. CITY, ST, ZIP	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	9. TITLE	9.1 TITLE
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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 or 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: *Kenneth Marlin* (305) 235-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)