SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # F51502 (5) JOSEPH H. ROSIN, P.A. Mailing Address Principal Place of Business C/O JOSEPH H. ROSIN C/O JOSEPH H. ROSIN 9911 SEMINOLE BLVD., SUITE B 8911 SEMINOLE BLVD.. SUITE B SEMINOLE FL 34642 SEMINOLE FL 34642 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1995 10/28/1981 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2150804 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032, Country Zιο] Yes [] No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSIN, JOSEPH H. Street Address (P.O. Box Number is Not Acceptable) 9911 SEMINOLE BLVD., SUITE B 82 SEMINOLE FL 34842 83 84 Zip Code City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (JAI) SIGNATURE (NOTE Registered Agen) signature required when reinstating) Signature typical or protect content responsed a joint and title if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE CR2E034 ROSIN. JOSEPH H 1.2 NAME NAME 9911 SEMINOLE BLVD STE B 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 14 CITY - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 2.1 TIFLE TITLE ROSIN, DIANA E. 2.2 NAME NAME 9911 SEMINOLE BLV STE B 2.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 2 4 CITY - ST - ZIP CHTY-ST-ZIP Change Addition DILETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DEFETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 C:TY - ST - ZiP CITY-ST-ZIP Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 7IP 14. I do hereby certify that the information supplied with this titing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 outri, that I am an officer or director of the corporation or thy receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of or an attachment with an address.

Dayboar Phone:#

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION Sandra B. Secretary DIVISION OF CO				. Mortham y of State			
				CORPOR.	ATIONS 		
1. Corporation	Name	951	(9)				
SOAT	INDUSTRIES INC.					A MARIENN AM MARAN ANNA ARATI ANGA	ALBA BABAN SABAN SABAN BABAN BASAN BASAN
Principal Place	of Business	Mai	ling Address				
1155 NW 761 MIAMI FL 33 US		N	155 NW 76TH AVE. IIAMI FL 33126 S				
	.,		·			3. Date incorporated or Qualified 03/28/1989	3a. Date of Last Report 01/18/1995
2. Principal Plant	ace of Business	2a. 26	Mailing Address			4, FEI Number 65-0143837	Applied For Not Applicable
Suite, Apt. #	t, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29	Zip	Со. 30	intry	This corporation has liability for Florida Statutes	intangible tax under s 199.032. Yes No
1J	9. Name and Address of C	urrent Registe	red Agent		81 Name	10. Name and Address of New Re	egistered Agent
13	Osseini, mohammad 320 SW 109TH CT. Ami Fl 33176				82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
	·				84 City	The state of the s	85 Zip Code
11. Pursuant to	o the provisions of Sections 60	7 0502 and 607	1508 Florida Statute	s the ab	' '	poration submits this statement for the n	
office or re agent if an	egistered agent, or both, in the infamiliar with, and accept the	State of Florida obligations of,	Such change was a Section 607,0505, Flo	uthorized rida Stati	by the corporat utes	ooration submits this statement for the p cion's board of directors. I hereby accep	t the appointment as registered
	Signature, typed or pointed name of register			E Rogistere	d Agest signature requ	ired when reinstating;	EIATE
TITLE	P	RS AND DIREC	ORS DE ETÉ	13. 11 Ti	TLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	HOSSEINI, MOHAMMAD			1 2 NAME			
STREET ADDRESS City-St-Zip	1165 NW 76 AVENUE MIAMI FL				TRÉET ADORESS		
TITLE	ST		DELETE	2 1 TI	ITY-ST-ZIP TLE		Change Addition
NAME	KASMAII, ALI		2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP				
STREET ADDRESS CITY-ST-ZIP	S 1165 NW 76 AVENUE MIAM FL						
TITLE			DE_ETE	311			Change Addition
NAME STREET ADDRESS				3 2 N			
CITY-ST-ZIP					TREET ADDRESS SITY - ST - ZIP		
TITLE			DELETE	411	TLE		Change Addition
NAME STREET ADDRESS				4 2 N			
CITY-ST-ZIP					TREET ADORESS HTY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·		DE .ETE	5 1 TI	TLE		Change Addition
NAME STREET ADDRESS				5 2 N	AME TREET ADORESS		
CITY - ST - ZIP					ITY-S1-ZIP		
TITLE			DE_ETE	6 1 TI		A STATE OF THE STA	Change Addition
NAME				62 N	AME Treet adoress		
STREET ADDRESS CITY+ST-ZIP					HTY - ST - ZIP		