FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000002510 (6)**

1. Corporation Name

SOCIMER SECURITIES CORPORATION

Principal Place of Business	Mailing Address
~~450 PARK AVENUE~~ ~~NEW YORK NY 10022~~ 1401 Brickell Ave #1110 Miami, FL 33131	~~450 PARK AVENUE~~ ~~NEW YORK NY 10022~~ Same

2. Principal Place of Business		2a. Mailing Address	
21	1401 BRICKELL AVE #1110	26	1401 BRICKELL AVE
Suite, Apt. #, etc. 22	1110	Suite, Apt. #, etc. 27	1110
City & State 23	MIAMI, FL	City & State 28	MIAMI, FL
Zip 24	33131	Zip 29	33131
County 25	DADE	County 30	DADE

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 09/25/1995
4. FEI Number: 13-3678628 — 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WONG, JAMES K.
1401 BRICKELL AVENUE
SUITE 1110
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	Pd	☐ Change ☒ Addition
NAME	MARAMBIO, MARCIAL R		12 NAME	Peter F. WALLIN	
STREET ADDRESS	450 PARK AVENUE		13 STREET ADDRESS	1401 BRICKELL AVE	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	VERA, KAREN LEE		22 NAME		
STREET ADDRESS	450 PARK AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WONG, JAMES K		32 NAME		
STREET ADDRESS	1401 BRICKELL AVE STE 1110		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SALAMA, DANIEL		42 NAME		
STREET ADDRESS	PASEO PINTO ROSALES, 40		43 STREET ADDRESS		
CITY-ST-ZIP	MADRID, 8, SPAIN		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BENETAR, SALOMON		52 NAME		
STREET ADDRESS	PASEO PINTO ROSALES, 40		53 STREET ADDRESS		
CITY-ST-ZIP	MADRID, 8, SPAIN		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(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: James K. Wong James Wong Trea 3/7/96 (305) 371-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number