

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H03098
1. Corporation Name
STATOM CORPORATION

Principal Place of Business
11575 QUAIL ROOST DR.
MIAMI, FL 33157
Mailing Address
P.O. BOX 924871
princeton FL 33092-4871

2. Principal Place of Business
21 11575 Quail Roost Dr.
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip
24 33157
Country
25 DADE
2a. Mailing Address
26 P.O. BOX 924871
Suite, Apt. #, etc.
27
City & State
28 princeton FL
Zip
29 33092-4871
Country
30 DADE

3. Date Incorporated or Qualified 05-11-1984
3a. Date of Last Report 4-24-95
4. FEI Number 59-2406098
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BORIN THOMAS
3300 NE 191 ST.
Aventura FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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	P	<input type="checkbox"/> DELETE
NAME	BORIN THOMAS	
STREET ADDRESS	3300 NE 191 ST.	
CITY-ST-ZIP	Aventura FL 33180	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BORIN SARA	
STREET ADDRESS	3300 NE 191 ST	
CITY-ST-ZIP	Aventura FL 33180	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3300 NE 191 ST
1.4 CITY-ST-ZIP	Aventura FL 33180
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3300 NE 191 ST
2.4 CITY-ST-ZIP	Aventura FL 33180
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	600001836146
5.4 CITY-ST-ZIP	-05/23/96--01011--042
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***208.75
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *Thomas L. Borin*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-20-96

Date

305 246-8260

Daytime Phone #

CR2E034 (12/95)