

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 27 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 # K16132 (8)

1. Corporation Name
SONEX, INC.

Principal Place of Business
2205 NW 70 AVE
MIAMI FL 33122

Mailing Address
2205 NW 70 AVE
MIAMI FL 33122-1915



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1988		3a. Date of Last Report 04/15/1986	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent CASADO, DIANA 7630 SW 91 AVE MIAMI FL 33173				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				86. 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. 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	
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.3 CITY-STATE-ZIP	12.4 CITY-STATE-ZIP	13.3 NAME	13.4 ADDRESS
12.5 CITY-STATE-ZIP	12.6 CITY-STATE-ZIP	13.5 NAME	13.6 ADDRESS
12.7 CITY-STATE-ZIP	12.8 CITY-STATE-ZIP	13.7 NAME	13.8 ADDRESS
12.9 CITY-STATE-ZIP	12.10 CITY-STATE-ZIP	13.9 NAME	13.10 ADDRESS
12.11 CITY-STATE-ZIP	12.12 CITY-STATE-ZIP	13.11 NAME	13.12 ADDRESS
12.13 CITY-STATE-ZIP	12.14 CITY-STATE-ZIP	13.13 NAME	13.14 ADDRESS
12.15 CITY-STATE-ZIP	12.16 CITY-STATE-ZIP	13.15 NAME	13.16 ADDRESS
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12.95 CITY-STATE-ZIP	12.96 CITY-STATE-ZIP	13.95 NAME	13.96 ADDRESS
12.97 CITY-STATE-ZIP	12.98 CITY-STATE-ZIP	13.97 NAME	13.98 ADDRESS
12.99 CITY-STATE-ZIP	12.100 CITY-STATE-ZIP	13.99 NAME	13.100 ADDRESS

14. I 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 included 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 (305) 592-5137

CR2E034 (9/96)