

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M44164 (5)

1. Corporation Name
SORMI, INC.



Principal Place of Business % STEPHEN A. FREEMAN 1395 SOUTH STATE ROAD 7 #207 NORTH LAUDERDALE FL 33069	Mailing Address % STEPHEN A. FREEMAN 1395 SOUTH STATE ROAD 7 #207 NORTH LAUDERDALE FL 33068-4023
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3. Date Incorporated or Qualified 12/31/1986	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business c/o Brenner Real Estate	2a. Mailing Address 3195N. Powerline Rd.
22. Suite, Apt. #, etc. 3195 N. Powerline Rd,	27. Suite, Apt. #, etc. Suite 104
23. City & State Pompano Beach, Fl	28. City & State Pompano Beach, Fl
24. Zip 33069	25. Country USA
29. Zip 33069	30. Country USA

4. FEI Number 59-2771809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRENNER, SCOTT
BRENNER REAL ESTATE GROUP
3195 N. POWERLINE ROAD
POMPAÑO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHA, ALBERTO	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MICHA, MOISES	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MICHA, DAVID	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	600002200846
5.4 CITY-ST-ZIP	-06/04/97--01009--018
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***990.00
6.4 CITY-ST-ZIP	

PC 5.20

14. I do 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 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, 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 and date in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* *196 unit for out...* *3/12/97* *(954) 978 0968*

CR2E034 (9/96)