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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State,

DIVISION OF CORPORATIONS

1996

P93000021565 (5) **DOCUMENT** #

SOMABER CORP.



Principal Place of 211 S.W. 22 AV 2ND FLOOR MIAMI FL 33135	ENUE	Maining Address 211 S.W. 22 AVENUE 2ND FLOOR MIAMI FL 33135	211 S.W. 22 AVENUE 2ND FLOOR MIAMI FL 33135 2a. Mairing Address 26 Suite, Apt. #, etc.			3. Date Incorporated or Qualified 03/19/1993 07/24/1995				
2. Principal Place	e of Business					4. FEI Number 65-0397864			Applied For Not Applicable	
Suite Apt. #,	etc					5. Certificate of Status Desired S8.75 Addit				
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Adde	0 May Be d to Fees	
3 Ζιρ	Country 25	Zip 29	Cour 30	ntry	,	Florida Statutes 🖽 Yes	□ No	ax under s	199.032.	
1	9. Name and Address of Cu	rent Registered Agent		81		10. Name and Address of New R	egistered	Agent		
GUEVARA, MARIA E 5421 S.W. 89 AVENUE MIAMI FL 33185					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84	City		FI	85 Z	φ Code	
signatures	i, and accept the obligations or, a	Section (30) Moder, From the Commen		λ _φ .		ration submits this statement for the purid of directors. Thereby accept the application is a submit of the purious accept the application is a submit of the purious accept the application and the purious accept the application and the purious accept the application and the purious accept the purious acceptance accept the purious acceptance acceptan	DATE	D DiRECT		
NAME STREET ADDRESS CITY-ST-ZIP	5421 S.W. 89 AVENUE MIAMI FL 33165	[7] DELETE	1 3 S ³ 1 4 Cl	TREE	I ADGRESS ST-ZIP			□ Chang-	ne tibbA	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 1 1 4 2 N 4 3 S	THE VAME STREET	ET ADDRESS			Chang) Addition	
CHY+ST-ZIP TITLE NAME STREEL ADDRESS	☐ DELETE			4 4 CITY S'-ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS		800001828648° C Addition -05/20/3601031028 ***200.00				
CITY-S1-ZIP TITLE NAME STREET ADDRESS		OELETE	6.1 62	TIFL]			☐ Chang	e Addition	

14. If 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 amount report or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this amount report or tustee employered 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 amount with an address.

SIGNATURE:

MARIA E GUEVARA 5/9