FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064494 (6)**

1. Corporate Name
SOMACOR, INC.

Principal Place of Business	Mailing Address
10651 N KENDALL DR SUITE 201 MIAMI FL 33176	10651 N KENDALL DR SUITE 201 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0447658	☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORTEZ, SILVIO 10651 N KENDALL DR SUITE 201 MIAMI FL 33176	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 Section(s) 607.0501 and/or 617.1905, Florida Statutes, the above named corporation submits this statement for the purpose of change(s) 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(s) 607.0505 and/or 617.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	CORTEZ, SILVIO	NAME	
STREET ADDRESS	10651 N KENDALL DR SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	SPETSIOTIS, SOTIRIOS	NAME	
STREET ADDRESS	10 THEOF VERVERIS,	STREET ADDRESS	
CITY-ST-ZIP	LAVRION, GREECE	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	SPETSIOTIS, MARIA	NAME	
STREET ADDRESS	10 THEOF VERVERIS,	STREET ADDRESS	
CITY-ST-ZIP	LAVRION, GREECE	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	SPETSIOTIS, NICOLAS	NAME	
STREET ADDRESS	10 THEOF VERVERIS,	STREET ADDRESS	
CITY-ST-ZIP	LAVRION, GREECE	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SPETSIOTIS, CHRISTOS	NAME	
STREET ADDRESS	10 THEOF VERVERIS,	STREET ADDRESS	
CITY-ST-ZIP	LAVRION, GREECE	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SPETSIOTIS, KYRIAKOS	NAME	
STREET ADDRESS	10 THEOF VERVERIS,	STREET ADDRESS	
CITY-ST-ZIP	LAVRION, GREECE	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)(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 above, or on an attachment with an address.

SIGNATURE: Silvio Cortez 4/30/95 305 273-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIO CORTEZ, PRESIDENT

0193499 CP