

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000064494 (6)**

1. Corporation 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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**09/15/1993**

3a. Date of Last Report

**05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 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 (if applicable)

(NOTE: Registered Agent Signature Required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORTEZ, SILVIO	
STREET ADDRESS	10651 N KENDALL DR SUITE 201	
CITY-STATE-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPETSOTIS, SOTIRIOS	
STREET ADDRESS	10 THEOF VERVERIS,	
CITY-STATE-ZIP	LAVRION, GREECE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPETSOTIS, MARIA	
STREET ADDRESS	10 THEOF VERVERIS,	
CITY-STATE-ZIP	LAVRION, GREECE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPETSOTIS, NICOLAS	
STREET ADDRESS	10 THEOF VERVERIS,	
CITY-STATE-ZIP	LAVRION, GREECE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPETSOTIS, CHRISTOS	
STREET ADDRESS	10 THEOF VERVERIS,	
CITY-STATE-ZIP	LAVRION, GREECE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPETSOTIS, KYRIAKOS	
STREET ADDRESS	10 THEOF VERVERIS,	
CITY-STATE-ZIP	LAVRION, GREECE	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

305-273-8888

CR2E034 (12/95)