

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000083283 (0)

1. Corporation Name
SOR INVESTMENTS, INC.



Principal Place of Business: ~~46 ANDROS ROAD, KEY LARGO FL 33087-5000~~
Mailing Address: ~~PO BOX 652542, MIAMI FL 33365-2542, US~~

3. Date incorporated or Qualified: **12/07/1993**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **65-0471893**
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

2. Principal Place of Business: **21 7869 N.W. 57th. Street, Suite, Apt. #, etc.**
City & State: **23 Miami, Florida**
Zip: **24 33166** Country: **25 DADE**
2a. Mailing Address: **26 P.O. BOX 661126, Suite, Apt. #, etc.**
City & State: **28 Miami Springs, Florida**
Zip: **29 33266-1126** Country: **30 DADE**

9. Name and Address of Current Registered Agent: ~~ROS, ROBERT O, 46 ANDROS ROAD, KEY LARGO FL 33037-5600~~
10. Name and Address of New Registered Agent:
81 Name: **ROS, ROBERT O.**
82 Street Address (P.O. Box Number is Not Acceptable): **7869 N.W. 57th. Street.**
84 City: **Miami,** FL 85 Zip Code: **33166**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROS, ROBERT O | 1.2 NAME | ROS, ROBERT O. |
| STREET ADDRESS | 46 ANDROS ROAD | 1.3 STREET ADDRESS | 7869 N.W. 57th. Street |
| CITY-ST-ZIP | KEY LARGO FL 33037-5000 | 1.4 CITY-ST-ZIP | Miami, FL. 33166 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, CANDY | 2.2 NAME | |
| STREET ADDRESS | 10879 NW 7TH ST #24 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172-3757 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(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: *Candy Gonzalez* Candy Gonzalez, Sec. 04/16/96 (305) 594-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)