


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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000083283 (0)**  
 1. Corporation Name  
**SOR INVESTMENTS, INC.**



Principal Place of Business <del>7869 NW 57TH STREET KEY LARGO FL 33166</del>	Mailing Address PO BOX 681126 MIAMI FL 33266-1126 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SOR INVESTMENTS, INC.</b>		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/07/1993</b>	
Suite, Apt. #, etc. <b>22 7869 N.W. 57th. Street</b>		Suite, Apt. #, etc.		4. FEI Number <b>65-0471893</b>	
City & State <b>23 Miami, Florida</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33166</b>	Country <b>25 Dade</b>	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. Name and Address of Current Registered Agent		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

ROS, ROBERT O 7869 NW 57TH STREET <del>KEY LARGO FL 33166</del>  MIAMI, FLORIDA. 33166		81 Name <b>Robert O. Ros</b>	10. Name and Address of New Registered Agent		
		82 Street Address (P.O. Box Number is Not Acceptable) <b>7869 NW 57 St.</b>			
		83 <b>MIAMI</b>			
		84 City	85 Zip Code <b>FL 33166</b>		

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 **Robert O. Ros, S.D.** *[Signature]* DATE **1/8/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROS, ROBERT O</b>		1.2 NAME <b>ROS, ROBERT O.</b>	
STREET ADDRESS <b>7869 NW 57TH STREET</b>		1.3 STREET ADDRESS <b>7869 N.W. 57th. Street</b>	
CITY-ST-ZIP <b>KEY LARGO FL</b>		1.4 CITY-ST-ZIP <b>Miami, Florida. 33166</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONZALEZ, CANDY</b>		2.2 NAME	
STREET ADDRESS <b>10879 NW 7TH ST #24</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input 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 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 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]* **Candy Gonzalez, S.D.** DATE: **1/8/98**

CR2E034 (10/97)