# 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 MAR -7 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058402 (6)**

1. Corporation Name

**SOSA INVESTMENTS, INC.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 520 BRICKELL KEY DR SUITE O-305<br>MIAMI FL 33131 | 520 BRICKELL KEY DR SUITE O-305<br>MIAMI FL 33131 |

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0549485 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SUCHER, JULIUS B
ROBINSON SILVERMAN PEARCE ARONSOHN BERMAN
520 BRICKELL KEY DR SUITE O-305
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

91 Name: Elizabeth Sosa
92 Street Address (P.O. Box Number is Not Acceptable): 3850 N.W. 37 Ave.
93
94 City: Miami FL 95 Zip Code: 33142

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: _____ DATE: 2-28-95

Signature of new 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 | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOSA, ANTONIO S | 1.2 NAME | |
| STREET ADDRESS | 540 W 77TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOSA, CARMEN | 2.2 NAME | |
| STREET ADDRESS | 540 W 77TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOSA, ELIZABETH | 3.2 NAME | |
| STREET ADDRESS | 540 W 77TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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)(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:** _____ 3-1-95 305-631-2334

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth Sosa

0120003 CP