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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P94000029963 (3)

DOCUMENT #
1. Corporation Name

SOKOL CORP.



Principal Place of Business Mailing Address	4172 19519 61199 1101 1991
· · · · · · · · · · · · · · · · · · ·	
18500 N.E. 1ST COURT 18500 N.E. 1ST COURT MIAMI FL 33179 MIAMI FL 33179	
3. Date incorporated or Qualified 3a. Date of La 04/20/1994 06/2	6/1995
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0576200	Applied For
21 20	Not Applicable
5. Certificate of Status Desired 1 1 1	3.75 Additional Fee Required
	5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax und	lers 199.032,
24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agen	4
9. Name and Address of Current Registered Agent [0]. Name	
ARDA DAVEL	
18500 N.E. 1ST COURT MIAMI FL 33179 82 Street Address (P.O. Box Number is Not Acceptable) 83	
MIAMI FL 33179 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 or registored 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 regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered office tered agent. I am
SIGNATURE:	
Signer are hyped or printed rame of registered a peri and title if applicacie. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
TIPLE DELETE 1.1 TIPLE DELETE 1.1 TIPLE	
NAME VIDA, PAVEL 12 NAME	
STREET ADDRESS 18500 N.E. 1ST COURT 13 STREET ADDRESS	
CITY-SI-ZIP MIAMI FL 33179 1.4 CITY-ST-ZIP	
THE DELETE 2.1 TITLE Cha	ange 🗀 Addition
NAME 22 NAME	
STHEET ADDRESS 23 STREET ADDRESS	
CITY_ST_ZIP	ange Addition
NAME 3.2 NAME	ango [Auomon
STREET ADDRESS 3.3 STREET ADDRESS	
C(TY-S)-7IP 3.4 C(TY-S)-7IP	
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NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	~-
STREET RECORDS STRE)
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CITY-S1-ZIP	&A A Addison
TITLE DELETE 6.1 TITLE	ange Wodition
NAME 62 NAME	12
STREET ADDRESS 6.3 STREET ADDRESS	11-
64 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 7.4. 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 3.4 CITY-S1-ZIP 7.2 CITY-S1-ZIP	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 conformation 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 in the 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 conformation indicated on this 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 conformation indicated on this 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 conformation indicated on this 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 conformation indicated on this annual report is true and accurate and that I am an officer or director of the conformation indicated on the same legal effect as if made under oath; that I am an officer or director of the conformation indicated on the same legal effect as if made under oath indicated on the same legal effect as if made under oath indicated on the same legal effect as if made under oath indicated oath indicated on the same legal effect as if made under oath indicated oat

SIGNATURE: _

PEOON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 305-681-6641