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FILED  
Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000023169 (1)

1. Corporation Name  
SOCA CITY, INC.



Principal Place of Business  
1599 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

Mailing Address  
1599 NORTH STATE ROAD 7  
LAUDERHILL FL 33313-5848

2. Principal Place of Business  
21 1599 N. STATE RD 7  
Suite, Apt. #, etc.

22 City & State  
23 LAUDERHILL, FL

24 Zip 33313 25 Country BROWARD

2a. Mailing Address  
26 1599 NORTH STATE RD 7  
Suite, Apt. #, etc.

27 City & State  
28 LAUDERHILL, FL

29 Zip 33313 30 Country BROWARD

3. Date Incorporated or Qualified  
03/14/1996

3a. Date of Last Report  
5-96

4. FEI Number  
650655025 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

JAJAIRAM, BALMOOKOOND  
1599 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JAJAIRAM, BALMOOKOOND  
STREET ADDRESS 2721 MADISON STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE D  
NAME JAJAIRAM, SHAHEMA  
STREET ADDRESS 2721 MADISON STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE D  
NAME JAJAIRAM, ULADHAR  
STREET ADDRESS 2539 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE D  
NAME JAJAIRAM, SONIA  
STREET ADDRESS 2539 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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] DATE [Date]

CR2E034 (9/96)