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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State
05-11-1999 90023 027 ***150.00

4000

1999 DOCUMENT # P98000104108 1. Corporation Name SOCALMUR, INC. Principal Place of Business Mailing Address 9538 PARKVIEW AVENUE BOCA RATON FL 33428 DIVISION OF CORPORATIONS Mailing Address 9538 PARKVIEW AVENUE BOCA RATON FL 33428

	(818) (81)) 88)))	98))† 60)0† (18))		88 2 19 182
	 		BBISI DIBBI IIBII	

	. Dli-	Mailing Add				/	03 0	
Principal Place		Mailing Address						
9538 PARKVIEW AVENUE 9538 PARKVIEW AVENUE BOCA RATON FL 33428 BOCA RATON FL 33428								
BOCA RATUN FI	L 33428	BOCH RATON FL 33420			DO NOT WRITE IN THIS	SPACE		
	٠				3. Date Incorporated or Qualifed			
	J.1440				12/15/1998			
2. Principal P	lace of Business	2a. Mailing Address		<u>フ</u>	4. FEI Number		Applied For	
21 9538	PARKVIEW AUE	26 5440 WEST	2/6	-/	223626076	1	Not Applicable	
Suite, Apt. #, etc.			5 A	 DT .	5. Certificate of Status Desired See Required			
City & Stat		City & State			6. Election Campaign Financing	\$5.0	0 May Be	
	RATON - FlORIDA	· 28 MIAMI-F	- 10R10	14	Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Countr		8. This corporation owes the current year Int	angible		
24 334	28 25	29 330/60000	30 (/	5 A	Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent		
			8		Daniel Augli	n		
	CA, ROSAURA AMALIA		0.0		TROJA XOSAURA HMA/)A	* '		
9538 PARKVIEW AVENUE			8.	82 Streef Address (P.O. Box Number is Not Acceptable)				
BOCA	A RATON FL 33428		8:	3				
			L			100 7:	- C- 1-	
			8	4 City	FL	85 Zip	p Code	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ent signature requir	red when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT		
TITLE	PSD	☐ DELETE	1.1 TITLE		SERETARY JEVARDO MURCIA GARCI. CAILE CONSEJO YO 2 ESDANA	Change	e	
NAME	MURCIA, ROSURA AMALIA		1.2 NAME	N	EVARDO MURCIA SARCI.	A :		
	9538 PARKVIEW AVENUE		1.3 STRE	ET ADDRESS (CAILE CONSELO YO 2	OB.		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 C(TY-	ST-ZIP	ESPANA.			
TITLE	VTD	☐ DELETE	2.1 TITLE		7	Change	e 🔲 Addition	
NAME	MURCIA, SOCORRO E		2.2 NAME	:				
	BADIO (DAL AL MANUE)		2.3 STRE	ET ADORESS				
CITY-ST-ZIP	BOCA RATON FL 33428		2. 4 CITY	- ST- ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	e Addition	
NAME			3.2 NAME	<u>.</u>				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP				
TITLE		☐ DELETE	4.1 YITLE			Change	e	
NAME			4, 2 NAM	ε			****	
STREET ADORESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	I				
TITLE	-	☐ DELETE	5.1 TITLE			Change	e Addition	
NAME			5.2 NAME	<u>:</u>				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	e Addition	
NAME			6.2 NAME	:				
1				ET ADDRESS				
STREET ADDRESS	I							

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 chapter or or an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

30-April 1999.
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