SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (2)S43318 SOMEX, INC. Mailing Address Principal Place of Business 5025 RIO VISTA AVE 101 E. KENNEDY BLVD #2500 TAMPA FL 33634 3a. Date of Last Report **TAMPA FL 33602** 3. Date incorporated or Qualified บร 04/05/1991 03/27/1995 Applied For 4. FEI Number 2a. Maling Address 2. Principal Place of Business Not Applicable 59-3067770 26 21 \$8.75 Additional Suite Apt #, etc. Suite Ant #. etc 5. Certificate of Status Desired 2800 Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under sil 199 032 Country Country Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YADLEY, GREGORY C. Street Address (P.O. Box Number is Not Acceptable) Suite 1800 82 101 E. KENNEDY BLVD STE. 2500 83 **TAMPA FL 33602** 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE Hing have : Agent signal increational when recostations SIGNATURE Signature it you be an we have residence it requites that you and the shappinable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 11111; E TITLE 1.2 NAME HASEGAWA, SAM O. NAME 18724 AVE BIARRITZ 1.3 STREET ADDRESS 18123 W. COURSE DR. STREET ADDRESS LUT2 ,FL 33549 14 City - ST-ZIP TAMPA FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE DST TITLE 22 NAME HASEGAWA, SHIRLEY NAME 18724 AVE BIARRITZ 23 STREET ADDRESS 16123 W. COURSE DR. STREET ADDRESS LUT2 FL 33549 2 4 CITY - ST - ZIP TAMPA FL CITY - ST - ZIF Change Addition DELETE 3110.8 DVP TITLE 3.2 NAMÉ HASEGAWA, MARK H. NAME 3.3 STREET ADDRESS 16123 W. COURSE DR. STREET ADDRESS 34 CITY - ST-ZIP TAMPA FL CITY - ST - ZIP Change Addition DELETE 41 TITLE DVP TITLE 4.2 NAME HASEGAWA, ERIC M. NAME 4.3 STREET ADDRESS 16123 W. COURSE DR. STREET ADDRESS 4.4 CITY - ST - ZIF TAMPA FL CITY - ST - ZIP Change Addition DELETE 5.1 III. E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY - ST ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TULE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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)(k). 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 early, that I am an officer or director of the deporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Flor da Statutes, and that my name appears in Block 13-1 changed, or on an attachment with an address.

MARK HASEGAWA

SIGNATURE AND TYPED OR ARKITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6/17/96 813-889-8868