

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 05 1996 8:00 am  
Secretary of State

DOCUMENT # **S74157** (6)

1. Corporation Name  
**SOMA CORPORATION**



Principal Place of Business: **3001 PONCE DE LEON BLVD. STE 210 CORAL GABLES FL 33134 US**  
Mailing Address: **3001 PONCE DE LEON BLVD STE 210 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified <b>08/19/1991</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>65-0284559</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**A.G.C. CO.  
2300 SUN BANK CENTER  
ORLANDO FL**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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 the filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUSER, CHARLES</b>	12. NAME	
STREET ADDRESS	<b>3001 PONCE DE LEON #210</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	14. CITY-STATE-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAMOUR, DANUTA</b>	2.2 NAME	<b>NAMOUR</b>
STREET ADDRESS	<b>3001 PONCE DE LEON #210</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>YD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAMOUR, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>3001 PONCE DE LEON #210</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Danuta Namour SD* 1/30/96 305 445 9808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)