

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:15

DOCUMENT # V27797

(2)

1. Corporation Name

SONI FINE INC.

Principal Place of Business

6141 6141 OLD COURT RD.
BOCA RATON FL 33433

Mailing Address

6141 6141 OLD COURT RD.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1992

3a. Date of Last Report

03/16/1994

4. FEI Number

65-0322617

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

2. Principal Place of Business

21 2301 W. SAMPLE ROAD

2a. Mailing Address

26 2301 W. SAMPLE ROAD

Suite, Apt. #, etc.

22 BLDG. 5, STE. 1-C

Suite, Apt. #, etc.

27 BLDG. 5, STE. 1-C

City & State

23 POMPANO BEACH, FL

City & State

28 POMPANO BEACH, FL

Zip

24 33073

Country

25 USA

Zip

29 33073

Country

30 USA

9. Name and Address of Current Registered Agent

FINE, SONI
411 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2301 W. SAMPLE ROAD

83 BLDG. 5, STE. 1-C

84 City POMPANO BEACH

FL

85 Zip Code 33073

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed as applicable

NOTE: Registered Agent signature required when necessitated

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINE, SONI
STREET ADDRESS	6141 OLD COURT ROAD
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	BOCA RATON, FL 33433
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 is voluntarily furnished and does not qualify for the exemption stated in Law No. 199-07 (Ch. 199-07), 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 a made under oath, that I am an officer or director of the corporation or its 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 of this report. (An affidavit is not required.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Soni Fine

2/10/95

PRES

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