

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000083283 (0)

1. Corporation Name
SOR INVESTMENTS, INC.



Principal Place of Business

~~46 ANDROS ROAD
KEY LARGO FL 33087-5000~~

Mailing Address

~~PO BOX 652542
MIAMI FL 33365-2542
US~~

2. Principal Place of Business

2a. Mailing Address

21 7869 N.W. 57th. Street
Suite, Apt. #, etc.

26 P.O. BOX 661126
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida

28 Miami Springs, Florida

24 Zip Country
33166 DADE

29 Zip Country
33266-1126 DADE

3. Date Incorporated or Qualified
12/07/1993

3a. Date of Last Report
03/02/1995

4. FEI Number
65-0471893

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

10. Name and Address of New Registered Agent

~~ROS, ROBERT O
46 ANDROS ROAD
KEY LARGO FL 33037-5000~~

81 Name
ROS, ROBERT O.
82 Street Address (P.O. Box Number is Not Acceptable)
7869 N.W. 57th. Street.
83
84 City Miami, FL 85 Zip Code 33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROS, ROBERT O
46 ANDROS ROAD
KEY LARGO FL 33037-5000
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GONZALEZ, CANDY
10879 NW 7TH ST #24
MIAMI FL 33172-3757
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candy Gonzalez, Sec. 04/16/96 (305) 594-2911

Date

Daytime Phone

CR2E034 (12/95)