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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90028 004 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000082273

1. Corporation Name
SOLAR PACKAGING CORP.



Principal Place of Business
 4950 N. W. 165 ST.
 MIAMI FL 33014
 US

Mailing Address
 4950 N.W. 165 ST.
 MIAMI FL 33014
 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/09/1994

4. FEI Number
65-0558228

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DORNBUSCH, JAIME
4920 N.W. 165TH STREET
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANKS, ROBERT	
STREET ADDRESS	ONE BOSTON PALCE, SUITE 2100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORNBUSCH, JAIME	
STREET ADDRESS	4920 N.W. 165TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33104	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARAZI, EDWARD	
STREET ADDRESS	4920 N.W. 165TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACLEAN, RICHARD T	
STREET ADDRESS	2530 NATIONSBANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LUNDREN, ROBERT	
STREET ADDRESS	14545 SW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LUNDGREN, ROBERT
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/23/99 (305) 621-5551

CR2E034 (11/98)