FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083327 (4)**

1. **SOLO CONTAINER REPAIR CORP.**

Principal Place of Business	Mailing Address
12710 N.W. 104TH AVENUE HIALEAH GARDENS FL 33016	12710 N.W. 104TH AVENUE HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1994**
3a. Date of Last Report:

4. FEI Number: *65-0535156* ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERNANDEZ, JOAQUIN R 12710 N.W. 104TH AVE. HIALEAH GARDENS FL 33016	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1502 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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GUZMAN, JORGE L
STREET ADDRESS	11501 N.W. 118TH WAY
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	STD
NAME	HERNANDEZ, JOAQUIN R
STREET ADDRESS	12710 N.W. 104TH AVE.
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	VDD
NAME	COMPTIS, ROBERTO
STREET ADDRESS	11501 N.W. 118TH WAY
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition) — blank

14. I 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)(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 of if report or on an attachment with an address.

SIGNATURE: ✓ *[signature]* ✓ 5-2-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE