

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

DOCUMENT # **S66560** (1)
1. Corporation Name
SOLUTIONS ENGINEERING, INC.



Principal Place of Business: **8025 SW 107 AVE #311 MIAMI FL 33173**
Mailing Address: **P.O. BOX 520890 MIAMI FL 33152 US**

3. Date Incorporated or Qualified: **07/11/1991** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0310432** 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: **5209 NW 74th AVE** 2a. Mailing Address: **PO Box 520890**
Suite, Apt. #, etc.: **200-A** Suite, Apt. #, etc.:
City & State: **MIAMI FL** City & State: **MIAMI FL**
Zip: **33166** Country: **DADE** Zip: **33141** Country:

9. Name and Address of Current Registered Agent
KATZ, EDWARD
8025 SW 107 AVE #311
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name: **KATZ, EDUARDO**
82 Street Address (P.O. Box Number is Not Acceptable): **7832 COLLINS AVE #303**
83
84 City: **MIAMI BEACH** FL 85 Zip Code: **33141**

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]* **KATZ, EDUARDO** PRESIDENT DATE: **3/23/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KATZ, EDWARD	
STREET ADDRESS	8025 SW 107 AVE #311	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7832 COLLINS AVE #303	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
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		
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 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 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]* **KATZ, EDUARDO** PRESIDENT DATE: **4/23/96** 305 864 8865
Signature typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)