


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85589 (7)

1. Corporation Name
G. SOLER, INC.



Principal Place of Business 159 BACOM POINT ROAD PAHOKEE FL 33476	Mailing Address 159 BACOM POINT ROAD PAHOKEE FL 33476-2104
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3. Date Incorporated or Qualified 10/07/1991		3a. Date of Last Report 07/03/1996	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 65-0297174	
Suite, Apt. #, etc.		Applied For Not Applicable	
22		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		\$8.75 Additional Fee Required	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip	Country	\$5.00 May Be Added to Fees	
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	30		

9. Name and Address of Current Registered Agent

SOLER, GLADYS
159 BACOM POINT ROAD
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

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 607.0502 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	SOLER, GLADYS
STREET ADDRESS	159 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HODGES, BEATRIZ SOLER
STREET ADDRESS	1400 N.W. AVENUE G
CITY-ST-ZIP	BELLE GLADE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEREDITH, LOURDES SOLER
STREET ADDRESS	2600 N. CANAL ST. NORTH
CITY-ST-ZIP	BELLE GLADE FL
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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	
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 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.

SIGNATURE: Gladys Soler DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)