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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 263679

(3)

SOLER MOTORS, INC.

FILED							
Feb 12 1998 8:00am							
Secretary of State							

a annian arma nama lakin dala anda annia atau dalah hida disah disah dalah dalah dalah disah disah anda

201.6V2 211

Principal Plac	e of Business	Mailing Address			T 1884 IN TERES BISED LIVIO DESTE SOUR CULT DESTE DESCE I	STATE BERLE RIBER SONS	
3 GOVE ISLE APT 706 P. O. BOX 1268 COCONUT GROVE FL 33133 US		3 GROVE ISLE APT 706 P. O. BOX 1268 COCONUT GROVE FL 33133 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
00		•			10/15/1962		
2, Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1055444	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			U. COMMONO OF CHARGE STATES	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28] 7 <sub>(P</sub>	p Country		Trust Fund Contribution  8. This corporation owes or has paid the curr	Added to Fees	
24	25	- }ı `	n '			Yes No	
[24]	9. Name and Address of Curren		30,	•	10. Name and Address of New Registered A		
SOLER JOAQUIN SR 81							
				82 Street Address (P.O. Box Number is Not Acceptable)			
COCONUT GROVE FL 33133					, 100, 100, 100, 100, 100, 100, 100, 10		
			83				
			84	City		85 Zip Code	
					FL		
office or i	registered agent, or both, in the State.	of Florida. Such change was au	uthorized b	v the corr	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appli	changing its registered ointment as registered	
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Storoities, typed or prioted name of registered age:	ATOM.	Figure to An	ent signature	required when reinstating) DATE	<del></del>	
12.	OF ICERS AND		13.	CIA DIGITALICA	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	VD	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	MARQUEZ, JUAN M.		1.2 NAME		ANDRES MARQUEZ		
STREET ADDRESS	10824 SW 77TH COURT		1.3 STREE	T ADDRESS	3127 NW 97 CT MIAMI	T. 22172	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-1	ST-ZIP	· · ·		
TITLE	PD	☐ DELETE	2.1 TITLE		VICE - MENDENT	Change Addition	
NAME	SOLER, JOAQUIN SR.		2.2 NAME		That MARAGE DURK		
STREET ADDRESS	3 GROVE ISLE DR.,#706			T ADDRESS	10824 SW 77 CT MAMI FOR	33/56	
CITY-ST-ZIP	COCONUT GROVE FL	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP	100,400,100	Change Addition	
TITLE	STD	□ Otten	3.1 VIILE				
NAME CTOSET ADDOSOS	MARQUEZ, VIVIAN 10824 SW 77TH COURT			T ADDRESS			
STREET ADDRESS City+St-Zip	COCONUT GROVE FL		3.4. CITY-				
TITLE	COCONDI GNOVE I E	DELETE	4.1 TITLE	31-211		☐ Change ☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS	! !		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			52 NAME				
STREET ADDRESS	İ			t address			
CITY-S1-ZIP		T becere	5 4 CITY-	ST-ZIP		Change Addition	
TITLE		☐ DELETE	61 TATLE			T Outside T' Vooriget	
NAME			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not author to	6.4 CITY- r the exemi	otion state	I ged in Section 119.07(3)(i), Florida Statutes. I further ce	ortify that the information	
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 suppliemental 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.							