PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

856993

FILED
98 FEB 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856993

1 Corporation Name

REINSTATEMENT 984-98
CUS
AH

SOLID FINANCIAL CORP.

Principal Place of Business / Mailing Address

AV. REFORMA 3-48, ZONA 9
GUATEMALA, CENTRAL AMERICA

100002440921--0
-02/25/98--01097--001
***2148.75 ***2148.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 07/05/83

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MICHAEL E. ASCOLI	AV. REFORMA 3-48, ZONA 9	GUATEMALA, CENTRAL AMERICA
VP	ROBERTO A. CERVANTES GRANADOS	AV.REFORMA 3-48, ZONA 9	GUATEMALA, CENTRAL AMERICA
STD	EDUARDO PORTOCARRERO HERRERA	AV.REFORMA 3-48, ZONA 9	GUATEMALA, CENTRAL AMERICA

8. Name and Address of Current Registered Agent

BARRIOS, DONALD
3390 NW 78 AVENUE
MIAMI, FL 33122

9. Name and Address of New Registered Agent

Name: JULIE PETERSON
Street Address (P.O. Box Number is Not Acceptable): 10850 NW 30 STREET
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33172

CR2E046 (1/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S.

Signature of Registered Agent: Julie Peterson Date: 2/17/98
Julie Peterson/ REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [XX]

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.[illegible], F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S., and the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] FEB/13/98 (011)(502)(3340033)