

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 # **F93000004280 (4)**

1. Corporation Name

SOLIMAR CONTINENTAL, LTD. COMPANY



Principal Place of Business

**801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131**

3. Date Incorporated or Qualified
09/21/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **701 Brickell Avenue**

26 **701 Brickell Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 850**

27 **Suite 850**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN S
801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue Suite 850

83

84 City

Miami

FL

85 Zip Code

33131

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to execute this report

(Date) Signature of Agent signifying acceptance of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WORLDWIDE CORPORATE SERVICES, INC., LTD.
THE LAKE BLDG., FIRST FLOOR, ROAD TOWN
TORTOLA, BR. VIRGIN ISLANDS**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**President
Abdiel Mansfield
Avda. Federico Boyd no. 33
Panama 1, Rep. de Panama**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**Secretary
Luis Carlos Zarak de la Guardia
Avda. Federico Boyd no. 33
Panama 1, Rep. de Panama**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**Assistant Secretary
Heriberto Ledezma
Avda. Federico Boyd no. 33
Panama 1, Rep. de Panama**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***2475.00**

☐ Change ☐ Addition

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 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: **Abdiel Mansfield** Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

(305)381-8340

Date

Daytime Phone #

CR2E034 (12/95)