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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G69815 (0)

1. Corporation Name
SOLERMARO CORPORATION

Principal Place of Business
584 EAST 19TH ST.
HIALEAH FL 33013

Mailing Address
584 EAST 19TH ST.
HIALEAH FL 33013-4130



3. Date Incorporated or Qualified: 10/20/1983
3a. Date of Last Report: 02/13/1996
4. FEI Number: 59-2332372
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
21 Suite Apt # etc
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

SOLER, RENE
584 E 19 ST
HIALEAH FL 33013

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 _____ DATE _____
(NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
P SOLER, RENE
584 E 19 ST
HIALEAH FL 33013
S SOLER, MARIA A.
584 E 19 ST
HIALEAH FL 33013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Maria A. Soler Maria A. Soler 1-15-97 (201) 888-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)