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 # **G99892** **(3)**

1. Corporation Name
SOLOCON CORP.

Principal Place of Business
150 SE 3 AVE
#307
MIAMI FL 33131

Mailing Address
P.O. BOX 190875
MIAMI BEACH FL 33119-0875

3. Date Incorporated or Qualified: 04/27/1984
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 25 SE 2ND AVENUE
Suite, Apt. #, etc.
22 SUITE #1022
City & State
23 MIAMI, FL
Zip 24 33131 Country 25

2a. Mailing Address
26 P.O. Box 548890
Suite, Apt. #, etc.
27
City & State
28 SURFSIDE, FL
Zip 29 33154 Country 30

4. FEI Number: 59-2400634 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CONSOLO, PHILIP R.
150 SW 3RD AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CONSOLO, PHILIP R
82 Street Address (P.O. Box Number is Not Acceptable): 25 SE 2ND AVE., SUITE #1022
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Philip R Consolo PHILIP R CONSOLO 3-6-96
Signature, typed or printed name of person signing (see next line if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CONSOLO, PHILIP ROBERT 150 SW 3RD AVE #307 MIAMI FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP CONSOLO, PHILIP ROBERT 25 SE 2ND AVE., SUITE #1022 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CONSOLO, CELIA 150 SW 3RD AVE. #307 MIAMI FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST CONSOLO, CELIA 25 SE 2ND AVE. SUITE #1022 MIAMI, FL 33131
		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

☐ DELETE ☒ 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: Philip R Consolo 3-6-96 305-371-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)