FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:08

DOCUMENT # J98269 (0)

1. Corporation Name
TEMPSOL CORPORATION

Principal Place of Business	Mailing Address
~~% HARRY G. LIFSEG~~	~~% HARRY G. LIFSEG~~
2890 NW 79 AVE	2890 NW 79 AVE
MIAMI FL 33122	MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business
21 TEMPSOL CORPORATION
Suite, Apt. #, etc.
22 2890 NW 79 AVE
City & State
23 MIAMI, FL
Zip 24 33122 Country 25

2a. Mailing Address
26 TEMPSOL CORPORATION
Suite, Apt. #, etc.
27 2890 NW 79 AVE
City & State
28 MIAMI, FL
Zip 29 33122 Country 30

4. FEI Number: 65-0017836 ☐ 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

~~LIFSEG, HARRY G.~~
~~2890 NW 79 AVE.~~
~~MIAMI FL 33122~~

10. Name and Address of New Registered Agent

81 Name: ROBERTO R. SOL
82 Street Address (P.O. Box Number is Not Acceptable): 2890 NW 79 AVE
83 MIAMI, FL
84 City: FL 85 Zip Code: 33122

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: Roberto R. Sol, President. 01/11/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SOL, ROBERTO R.	12 NAME	
STREET ADDRESS	2890 NW 79TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~LIFSEG, HARRY G.~~	22 NAME	
STREET ADDRESS	~~2890 NW 79TH AVENUE~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SOL, GLORIA M.	32 NAME	
STREET ADDRESS	2890 NW 79TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~LIFSEG, BARBARA S.~~	42 NAME	
STREET ADDRESS	~~2890 NW 79TH AVENUE~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 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: Roberto R. Sol 01/11/95 (305)593-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119761 CP