

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J98269 (0)

1. Corporation Name

TEMPSOL CORPORATION



Principal Place of Business

Mailing Address

TEMPSOL CORP  
2890 NW 79 AV  
MIAMI FL 33122  
US

TEMPSOL CORP  
2890 NW 79 AVE  
MIAMI FL 33122  
US

2. Principal Place of Business

21 7801 NW 37 STREET

State, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 7801 NW 37 STREET

State, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

10/21/1987

3a. Date of Last Report

01/19/1995

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

SOL, ROBERTO R.  
2890 NW 79 AV  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

SOL, ROBERTO R.

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

7801 NW 37 STREET

83

84 City

MIAMI

FL

85 Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D SOL, ROBERTO R. ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2890 NW 79TH AVENUE  
MIAMI FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LIFSEC, HARRY C.  
2890 NW 79TH AVENUE  
MIAMI FL

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SOL, GLORIA M.  
2890 NW 79TH AVENUE  
MIAMI FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LIFSEC, BARBARA S.  
2890 NW 79TH AVENUE  
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D SOL, ROBERTO R. ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
7801 NW 37 STREET  
MIAMI, FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SOL, GLORIA M.  
7801 NW 37 STREET  
MIAMI, FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO R. SOL

Date

02/06/96 (305) 593-2364

Daytime Phone #

CR2E034 (12/95)