SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) AMENDED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 K02883 (2) DOCUMENT # SOLVIK ENTERPRISES, INC. Mailing Address Principal Place of Business C/O Jeffrey A. Bernstein 2144 N.W. 7 Avenue 100 N. Biscayne Blvd. #1707 Miami, FL 33127 3. Date Incorporated or Qualified 3a. Date of Last Report Miami, FL 33132 11/17/87 01/19/96 4. FELNumber Applied For 2a. Mailing Address Principal Place of Business 65-0030882 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Zio Zip 🗶 Yes 🗌 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BERNSTEIN, Jeffrey A. Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Blvd. 83 Suite 1707 Miami, FL 33132 Zip Code 85 84 City 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 Signario, type the prime time of registered agest and the display to e (NOTE: Registered Agent's gradure required when reinstating, (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TIFLE TITLE P/V/S/T 1.2 NAME NAME SOLVIK, Jorunn 13 STREET ADDRESS 100 N. Biscayne Blvd., #1707 STREET ADDRESS 33132 Miami, FL 1.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - ST-ZiP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP **30000188891**3<sub>09</sub> -07/10/96--01010--021 CITY-ST-ZIP DELETE 5.1 TrTLE TOTLE 5.2 NAME NAME \*\*\*61.25 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 61 TITLE TOTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 1 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6/20-96

Jorunn Solvik

SIGNATURE:

305-371-4555