FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88032

(3)

Mailing Address

SOLANO CORPORATION

Principal Place of Business

FILED
May 02 1997 8:00am
Secretary of State

7610 S.W. 61 7610 S.W. 615 MIAMI FL 331 US	ST AVENUE		7 N	7610 S W 618T AVE 7610 S.W. 618T AVENU Miami FL 33143-5014 US	JE				3. Date Incorporated or Qualified 05/15/1989	3a. Da	te of Last F	leport
2. Principa I	Place of Bus	iness	2	a. Mailing Address	**********				4. FEI Number		Aţ	oplied For
21 4950	O S.W.	72nd Aven	1e 26	26 4950 S.W. 72nd Avenue				65-0182460		No	ot Applicable	
	Suite, Apt. #, etc. Second Floor Second Floor Second Floor					5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & Sta	ile			City & State					6. Election Campaign Financing		\$5.00	May Be
23 Miar	mi, FL		28	Miami, FL					Trust Fund Contribution			to Fees
, Zip		Country		Zip		Country			8. This corporation has liability for			. 199.032,
24 331		25 USA	29		30	USA	<u> </u>			Yes [
		e and Address of	Current Reg	istered Agent		81	1 11		10. Name and Address of New Re	gistered /	tgent	
	ARNOW, CI					01	Name	3				
		TH STREET				82	Street	t Addres	ss (P.O. Box Number is Not Acceptat	ole)		
MIA	MI FL 3310	39										
						83			•			
						84	City		·		85 Zip	Code
										<u> </u>		
office or agent. L	registered a am familiar y	sions of Sections i gent, or both, in the vith, and accept the	e State of Flo e obligations	rida Such change wa of, Section 607.0505,	atutes, ti as autho , Florida	rized by Statute:	e-named y the col s.	a corpoi rporatio	ration submits this statement for the p n's board of directors. I hereby accep	ot the app	changing i pintment as	registered
SIGNATURE	Signatore, typo	d or printed name of reg	stered agent and to	ale d applicable. (I	NOTE: Reg	istered Age	ent signatur	re required	when reinstating)	DATE		
12.			RS AND DIRI		1	13.		· · · · · · ·	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	PD			DELETE		1.1 TITLE					Change	Addition
NAME	ASARNO)W, CHARLES			1	1.2 NAME						
STREET AODRESS	1600 NV	V 159 ST				1.3 STREET	ADDRESS					
CITY - ST - ZIP	MIAMI F	L			- 1	14 CiTY-5	ST-ZIP					
HILE				DELETE		21 TITLE		-			Change	Addition
NAME						22 NAME						
STHEET ACORESS					- 1	2.3 STREET	ADDRESS					
C(TY - \$1 - 7)?					1	2 4 CITY	ST-ZIP					
THLE				DELETE		31 TITLE					☐ Change	Addition
NAME					1	32 NAME						
STREET ACORESS					1	3 3 STREET	ADDRESS			,		
CITY - \$T - ZIP					1	3 4. CfTY-	ST-ZIP					
TOLE				DELETE		4 1 TITLE					☐ Change	Addition
NAME					1	4 2 NAME						
STREET ADDRESS					1	4.3 STREET	ADDRESS					
CITY - \$1 - ZIP					1	4.4 <u>C</u> ITY-5	ST-ZIP	1				
TIILE				DELETE		5.1 TITLE					☐ Change	Addition
NAME					1	5.2 NAME		1	•			
STREET ADDRESS					1	5 3 STREET	ADDRESS					
CHTY - ST - ZIP						54 CITY-5	ST-ZIP	1				
10te				DELETE	<u>-</u>	6.1 TITLE		1			Change	Addition
NAME					1	6.2 NAME						
STREET ADDRESS					1	6.3 STREET	ADDRESS					
CITY - S1 - ZIP					ı	6.4 CITY-5	ST-ZIP					
14. I do here									n Section 119.07(3)(i), Florida Statute			
Lam an	officer or dire	ector of the corpo	ation or the re	emental annual report eceiver or trustee emp n attachment with an	powered	to exec	urate an oute this	report a	ny signature shall have the same lega as required by Chapter 607, Florida S	ii enect as Statutes; ai	ii made un nd that my i	name