
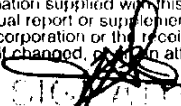


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L47261 (7)			
1. Corporation Name SOLAND CORPORATION, INC.			
Principal Place of Business C/O MANUEL DINER, ESQUIRE 46 EAST FLAGLER ST. PH-103 MIAMI FL 33131		Mailing Address 141 NE 3RD AVE STE 601 MIAMI FL 33132-2221 US	
2. Principal Place of Business		3. Date Incorporated or Qualified 01/29/1990	
21. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22. City & State		4. FEI Number 65-0180223	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Mailing Address		9. Name and Address of Current Registered Agent	
27. Suite, Apt. #, etc.		10. Name and Address of New Registered Agent	
28. City & State		81. Name	
29. Zip		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		83.	
		84. City	
		85. Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
D SOSA, JOSE R.		2.1 TITLE	
15471 S.W. 80TH ST-A-208		2.2 NAME	
MIAMI FL		2.3 STREET ADDRESS	
D WERNER, LAND		2.4 CITY - ST - ZIP	
315 NORTH AVENUE		3.1 TITLE	
LAKE BLUFF IL		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	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 in an attachment with an address.			
SIGNATURE: 			

CR2E034 (9/96)