

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-1996

B-

3950

C

DOCUMENT # L66623

(4)

1. Corporation Name

SOLOSOL ENTERPRISES, CORP.



Principal Place of Business

8260 N.W.27TH STREET  
SUITE 408  
MIAMI FL 33122

Mailing Address

8260 N.W.27TH STREET  
SUITE 408  
MIAMI FL 33122

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 8250 NW 27 St

26 8250 NW 27 St

4. FE# Number

65-0209734

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33122 25 USA

29 33122 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESQUIVEL, ALBERTO J.  
8260 N.W.27TH AVE.  
SUITE 408  
MIAMI FL 33122

81 Name

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

8250 NW 27

83

Suite 306

84

City Miami

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

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 DP  
NAME ESQUIVEL, ALBERTO  
STREET ADDRESS 8260 N.W.27TH SUITE 408  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8250 NW 27 St. Suite 306  
1.4 CITY-ST-ZIP

TITLE DV  
NAME ESQUIVEL, MARIO A.  
STREET ADDRESS 8260 N.W.27TH SUITE 408  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 8250 NW 27 St. Suite 306  
2.4 CITY-ST-ZIP

TITLE DT  
NAME ESQUIVEL, ALVARO J.  
STREET ADDRESS 8260 N.W.27TH SUITE 408  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 8250 NW 27 St. Suite 306  
3.4 CITY-ST-ZIP

TITLE DS  
NAME ESQUIVEL, ALFREDO J.  
STREET ADDRESS 8260 N.W.27TH SUITE 408  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 8250 NW 27 St. Suite 306  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Esquivel

4/15/96

(305) 592-2155

CR2E034 (12/95)