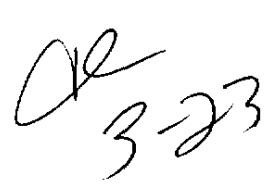


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #			
CAPITAL SOLUTIONS & FACTORING, L.C. 8280 COLLEGE PKY., #204 FT. MYERS FL 33919		L97000000494			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8280 COLLEGE PKY., #204 FT. MYERS FL 33919	
City & State		City & State			
Zip		Country		3. Date Organized or Qualified	
				04/21/1997	
				3a. State of Formation	
				FL	
				4. FEI Number	
				65-0750559	
				☐ Applied For	
				☐ Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				88.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
KUSHNER, STEVEN P 1375 JACKSON ST., STE. 202 FT. MYERS FL 33901				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				7000002468347-9	
				Suite, Apt. #, etc.	
				-03/25/98 --01092--005	
				City	
				****198.75 ****188.75	
				FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	WEIL, CARLOS	16745 PHEASANT CT.		FT. MYERS FL	
MEM	SIMKO, PABLO	16551 HERON COACHWAY, #302		FT. MYERS FL	
					

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #