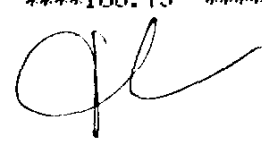
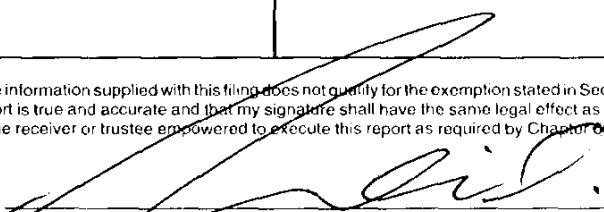


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 # 197000000494 CAPITAL SOLUTIONS & FACTORING, L.C. 8280 COLLEGE PKY., #204 FT. MYERS FL 33919		1a. Principal Place of Business Address 8280 COLLEGE PKY., #204 FT. MYERS FL 33919	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	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 03/20/1998	6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent KUSHNER, STEVEN P 1375 JACKSON ST., STE. 202 FT. MYERS FL 33901		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when the company is changing its registered agent.)			
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
			200002859732--4 -05/03/99--01011--002 ****188.75 ****188.75 
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:  4/23/99 277.5810 SIGNATURE AND CERTIFIED NAME OF SIGNER (MANAGING MEMBER OR DIRECTOR)			