

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M03746** (8)
1. Corporation Name
SOL SALES INCORPORATED



Principal Place of Business
**% DOLORES HERNANDEZ
9410 W. FLAGLER ST., #403
MIAMI FL 33174**

Mailing Address
**P.O. BOX 441752
MIAMI FL 33144
US**

3. Date Incorporated or Qualified 08/08/1984	3a. Date of Last Report 03/07/1995
4. FET Number 59-2434061	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HERNANDEZ, DOLORES
9410 W. FLAGLER ST.
SUITE 403
MIAMI FL 33174**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME PS HERNANDEZ, DOLORES	1. NAME ☐ Change ☐ Addition
STREET ADDRESS 9410 W FLAGLER ST #403	2. NAME
CITY, STATE, ZIP MIAMI FL 33174	3. STREET ADDRESS
NAME VT RIVERA, TERESITA	4. CITY, STATE, ZIP
STREET ADDRESS 8000 S.W. B1 AVENUE	5. NAME
CITY, STATE, ZIP MIAMI FL 33143	6. STREET ADDRESS
NAME	7. CITY, STATE, ZIP
STREET ADDRESS	8. NAME
CITY, STATE, ZIP	9. STREET ADDRESS
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CITY, STATE, ZIP	96. STREET ADDRESS
NAME	97. CITY, STATE, ZIP
STREET ADDRESS	98. NAME
CITY, STATE, ZIP	99. STREET ADDRESS
NAME	100. CITY, STATE, 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(1)(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. I am an officer or director of the corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed for or an attachment with an address.

SIGNATURE: *Dolores Hernandez*
DOLORES HERNANDEZ

JAN. 18, 1996

(305)

553-0477

CR2E034 (12/95)