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

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

4. FEI 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

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said 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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PS**
**HERNANDEZ, DOLORES**
**9410 W FLAGLER ST #403**
**MIAMI FL 33174**
☐ DELETE

**VT**
**RIVERA, TERESITA**
**8000 S.W. B1 AVENUE**
**MIAMI FL 33143**
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

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)(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 above, if changed, or added.

**SIGNATURE:** Dolores Hernandez JAN. 18, 1996 (305) 553-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number
DOLORES HERNANDEZ

CR2E034 (12/95)