

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. McMath
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M16767** (9)
SOMETHING SENSATIONAL, INC.

Principal Office Address
1051 EAST SAMPLE RD.
POMPANO BCH. FL 33064

Mailing Address
1051 EAST SAMPLE RD.
POMPANO BCH. FL 33064

95 MAY -1 11 2:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(ENTER WHAT IS IN THIS SPACE)

3. Date incorporated or qualified 06/14/1985	3a. Date of Last Report 07/01/1994
4. FEI Number 59-2772205	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
7. Does corporation have authority for assignment for under 5-1501-01 Florida Statutes ☐ Yes ☐ No	

2. Principal Office Address 21. State Apt. # etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State Apt. # etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**HAAGENSON, ROGER D.
800 E. BROWARD BLVD.
SUITE 601
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), 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 a resident of the State of Florida and am not the registered agent of another corporation.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME VPO ACERNESE, JAMES 1469 S.W. 27 WAY DEERFIELD BCH. FL	14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME PD KISH, ROSEANN 1469 S.W. 27 WAY DEERFIELD BCH. FL	17. NAME 18. STREET ADDRESS 19. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME TD KISH, JOHN 1469 SW 27TH WAY DEERFIELD BCH FL	20. NAME 21. STREET ADDRESS 22. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 23. NAME 24. STREET ADDRESS 25. CITY, STATE, ZIP	26. NAME 27. STREET ADDRESS 28. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 29. NAME 30. STREET ADDRESS 31. CITY, STATE, ZIP	32. NAME 33. STREET ADDRESS 34. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 35. NAME 36. STREET ADDRESS 37. CITY, STATE, ZIP	38. NAME 39. STREET ADDRESS 40. CITY, STATE, ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1-101-01, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as 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 person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Roseann Kish**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSEANN KISH

4/29/95 305-7856116

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CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
Candice B. Murrain
Secretary of State
(OFFICIAL USE ONLY - DO NOT WRITE)

APPROVED
FILED

MAY 11 1996

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **M17009** (5)

1. Corporation Name

SOLER MANAGEMENT SERVICES, INC.

Principal Place of Business

**C/O ARNALDO VELEZ
801 BRICKELL AVENUE, 14TH FLOOR
MIAMI FL 33131**

Mailing Address

**C/O ARNALDO VELEZ
801 BRICKELL AVENUE, 14TH FLOOR
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1985** 3a. Date of Last Report **03/29/1994**

4. FEI Number **65-0010005** 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 § 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 Length

29 Length

25 Validity

30 Validity

9. Name and Address of Current Registered Agent

**VELEZ, ARNALDO
801 BRICKELL AVENUE, 14TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

01 Name

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

03 City

04 State

FL

05 Zip Code

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 Chapter 199, Florida Statutes.

SIGNATURE

By the registered agent or authorized representative of the corporation

By the registered agent or authorized representative of the corporation

06

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PD
2. STREET ADDRESS	SOLER, VICENTE A.
3. CITY	5700 LEJEUNE RD.
4. STATE	MIAMI FL
5. ZIP	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY	
4. STATE	
5. ZIP	
6. NAME	☐ Change ☐ Addition
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	☐ Change ☐ Addition
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.031(2)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

Vicente A. Soler VICENTE A. SOLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

303-661-1113