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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M31599 (7) 1. Corporation Name					
D'SOLE	R MOTORS CORPORATIO	N		1 100 (0 5) ( 10 5 (1) 0) 14 E ( 1) 0 (14 6 11) 0	1811 6:6:1 6:6:1 5:10:1 6:8:1 6:8:1 6:8:1 188†
Driveinal Place	of Business	Mailing Address			NATE EIBIT OTEST OTON OTOST OTON ONATS HOPE
Principal Place of Business Mailing Address 3180 SW 8TH ST 3180 SW 8TH ST					
MIAMI FL 331:		MIAMI FL 33135			
,				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/06/1986	04/27/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-2672441	Applied For
21		26		3972072441	Not Applicable  \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes	ntangible tax under s 199.032,
24	25 9. Name and Address of Curren	1 Bogletored Agent	30	Florida Statutes Yes  10. Name and Address of New R	
<del></del>	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Hallo dila Madicaca at Mati	
			00 00 14 4 4	ress (P.O. Box Number is Not Acceptab	la)
9922 SW 2ND TERR			82 Street Add	ess (F.O. Box Number is Not Accepted	
MIAMI FL 33174			83		]
			84 City		85 Zip Code
			1 1 1		FL 65 Zip Code
or registere	ad agent, or both, in the State of Florid	da. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	piose of changing its registered office of the changing its registered agent. I am
familiar with	h, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	<b>5.</b>		
SIGNATURE _	Signature, typed or printed name of registered agont	and title if applicable (NC	OTE: Registered Agent signature require	od when reinslating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	SOLER, DANIEL JR		1.2 NAMÉ		· ·
STREET ADDRESS	9922 SW 2ND TERR MIAMI FL		1.3 STREET ADDRESS		
CITY - ST - ZIP	D MIAMI FL	DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		Change Addition
T:TLE NAME	DE CESPEDES, REBECA S.		2.2 NAME		
STREET ADDRESS	9982 SW 2ND TERR		2.3 STREET ADDRESS		
CITY - S1 - ZIP	MIAMI FL		2 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME	SOLER, DANIEL SR.		3 2 NAME		
STREET ADDRESS	9922 SW 2ND TERR		3.3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	ה אני נונ	3.4 CITY-ST-ZIP		Change Addition
THILE I		DELETE	4. 1 TITLE 4.2 NAME		Ti evenão Ti vestion
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP		- and	5 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6 1 TITLE		City controls City woodings
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP	  v certify that the information supplied	with this filing is voluntary fur	nished and does not qualify	for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further

4. I do nereby certify that the information supplied with this tiling is voluntary furnished and does not quality for the exemption stated in Section 1.19.07(3)(K). Floring statutes. I furner certify that the information indicated on this annual report or supplied tall annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Copy 75/94

8585550 Daytinia Phone # 32F034 (12/95)