FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:20

DOCUMENT # **N49252** **(2)**

1. Corporation Name
SOLDOMAR, INC.

Principal Place of Business	Mailing Address
318 CAMILO AVE CORAL GABLES FL 33134	318 CAMILO AVE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0339962 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
21 2261 Ponce de Leon	26 2261 Ponce de Leon		
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State: Coral Gables Fl.	28 City & State: Coral Gables Fl.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
24 Zip: DADE 25 Country: 33134	29 Zip: 33134 30 Country: Dade	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

DU CAN, ELSA G
318 CAMILO AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Giovanna López-Ruiz
82 Street Address (P.O. Box Number is Not Acceptable): 2261 Ponce de Leon
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Giovanna López-Ruiz 5-23-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	~~PRESIDENT~~ - PRESIDENT D	☒ Change ☐ Addition
NAME	RODRIGUEZ, RIMMA	12 NAME	JUAN ROCHAIX	
STREET ADDRESS	318 CAMILO AVE	13 STREET ADDRESS	3618 Anderson	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables 33134	
TITLE	D	21 TITLE	Secr D	☐ Change ☐ Addition
NAME	CAVEDA, MARISOL	22 NAME		
STREET ADDRESS	927 SW 76 AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VICE PRESIDENT D	☑ Change ☐ Addition
NAME	STURDY, JOHN	32 NAME	GUSTAVO MARTINEZ	
STREET ADDRESS	405 HIBISCUS DR #206	33 STREET ADDRESS	14361 SW 157 ST	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	MIAMI FL. 33177	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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(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 617, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or an attachment with an address.

SIGNATURE: 5-23-95 (305) 448 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007483