

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 005 ****70.00

DOCUMENT # **N98000005244**

1. Corporation Name

SOLAR BRASIL FOUNDATION, CORP.

Principal Place of Business

**5441 Alton Road
Miami Beach, FL 33140**

Mailing Address

**5441 Alton Road
Miami Beach; FL 33140**



2. Principal Place of Business

21 **5441 Alton Rd.**

Suite, Apt. #, etc.

22 City & State

23 **Miami Beach, FL**

24 **33140** 25 **USA**

2a. Mailing Address

26 **5441 Alton Rd.**

Suite, Apt. #, etc.

27 City & State

28 **Miami Beach, FL**

29 **33140** 30 **USA**

3. Date Incorporated or Qualified

09/30/1998

4. FEI Number

65-0867416

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

9. Name and Address of Current Registered Agent

FORSTMAIR RUDY

10. Name and Address of New Registered Agent

81 Name **FORSTMAIR RUDY**

82 Street Address (P.O. Box Number is Not Acceptable)
945 Marseilles Drive #3

83

84 City **Miami Beach** **FL** 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D** ☐ Change ☒ Addition
1.2 NAME **FORSTMAIR RUDY**
1.3 STREET ADDRESS **945 Marseilles Drive #3**
1.4 CITY-ST-ZIP **Miami Beach, FL 33141**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **DOBMEIER PETRA M.**
2.3 STREET ADDRESS **945 Marseilles Drive #3**
2.4 CITY-ST-ZIP **Miami Beach, FL 33141**

3.1 TITLE **S/D** ☐ Change ☒ Addition
3.2 NAME **RICHMAN JEFFREY**
3.3 STREET ADDRESS **921 N.E. 108th Street**
3.4 CITY-ST-ZIP **Biscayne Park, FL 33161**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORSTMAIR RUDY

AUG-11-1999

Date

(305) 861-4743

Daytime Phone #

CR2E037 (11/98)