

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 # P92000000115 (5)

1. Corporation Name

SOLEADO CORPORATION



Principal Place of Business

1001 S BAYSHORE DR
#2410
MIAMI FL 33131

Mailing Address

1001 S BAYSHORE DR
#2410
MIAMI FL 33131

2. Principal Place of Business

21 One S.E. 3rd Ave.

Suite, Apt. #, etc.

22 Suite 1900

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 One S.E. 3rd Ave.

Suite, Apt. #, etc.

27 Suite 1900

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
05/10/1995

4. FEI Number

65-0378754

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

CASTRO, CARLOS A
1001 S BAYSHORE DR
SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Jacqueline Gero

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

One S.E. 3rd Ave., Ste. 1900

83

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and the filer (Applicable)

(NOTE: Registered Agent's signature required when reinstating)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE PASD ☐ DELETE
NAME ALBERGHINI, ANDREA
STREET ADDRESS DOTTORE COMMERCIALISTA VIA DEGLI AGRESTI 2
CITY-ST-ZIP BOLOGNA

TITLE VSD ☐ DELETE
NAME BALDAZZI, MASSIMILIANO
STREET ADDRESS DOTTORE COMMERCIALISTA VIA DEGLI AGRESTI 2
CITY-ST-ZIP BOLOGNA

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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***200.00

5-1-96
JP

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)(k), 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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Alberghini - Andrea Alberghini, 4/26/96

Daytime Phone #

CR2E034 (12/95)