

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000000115 (5)

1. Corporation Name

SOLEADO CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
ONE SE 3RD AVE STE 1900 MIAMI FL 33131		ONE SE 3RD AVE STE 1900 MIAMI FL 33131	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified		4. FEI Number	
10/22/1992		65-0378754	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing		Trust Fund Contribution	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30.	
<input type="checkbox"/>		<input type="checkbox"/>	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERO, JACQUELINE ONE SE 33RD AVE STE 1900 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	
		85 Zip Code	
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 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	PASD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERGHINI, ANDREA	1.2 NAME	
STREET ADDRESS	DOTTOR COMMERCIALISTA VIA DEGLI AGRESTI 2	1.3 STREET ADDRESS	Dottore Commercialista Via Degli Agresti 6
CITY-ST-ZIP	BOLOGNA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAZZI, MASSIMILIANO	2.2 NAME	
STREET ADDRESS	DOTTOR COMMERCIALISTA VIA DEGLI AGRESTI 2	2.3 STREET ADDRESS	Dottore Commercialista Via Degli Agresti 6
CITY-ST-ZIP	BOLOGNA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Andrea Alberghini

2 3 98

054-123-8182

CR2E034 (10/97)