## 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

| .000  | Maria Maria      |                                  |  |
|---|------------------|----------------------------------|--|
| DOCUMENT #  1. Corporation Name             | P92000013266 (1) |                                  |  |
| SOLIGNUM EQUITY                             | , INC.           |                                  |  |
| Principal Place of Business                 | Mailing A        | Address                          |  |
| 4100 COLLINS AVENUE<br>MIAMI BEACH FL 33140 |                  | COLLINS AVENUE<br>BEACH FL 33140 |  |
|   |                  |                                  |  |



| Suite, Apt. #, etc.  22 City & State Country Countr | 15.       |
|--|-----------|
| 21 26 65-0597452 Not A Suite, Apt. #, etc.  22 5. Certificate of Status Desired S8.75 Add Fee Required Fee Re | 4 F -     |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  B. This corporation has liability for intangulo tax under s 199.0  Florida Statutes  Yes  No  No  P. Name and Address of Current Registered Agent  DEUTSCH, SEYMOUR  4100 COLLINS AVENUE  | J For     |
| 27 City & State Ci | opticable |
| City & State  28  City & State  28  City & State  28  City & State  29  Country  29  Country  29  Rame and Address of Current Registered Agent  City & State  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangule tax under s 199.0 Florida Statutes Florida Statutes  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81  Name  DEUTSCH, SEYMOUR 4100 COLLINS AVENUE  82  Street Address (P.O. Box Number is Not Acceptable)   |           |
| 28 Trust Fund Contribution Added to F  Zip Country Zip Country  25 29 30 Florida Stetutes Yes No  9. Name and Address of Current Registered Agent  DEUTSCH, SEYMOUR  4100 COLLINS AVENUE  Trust Fund Contribution Added to F  8. This corporation has liability for intangule tax under s 199.0  Florida Stetutes Yes No  Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)   |           |
| Zip Country Zip Country  24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  B1 Name  DEUTSCH, SEYMOUR  4100 COLLINS AVENUE  25 29 30 Florida Statutes Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  |           |
| 25   29   30   Florida Statutes   Yes   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent     DEUTSCH, SEYMOUR   4100 COLLINS AVENUE   82   Street Address (P.O. Box Number is Not Acceptable)   |           |
| DEUTSCH, SEYMOUR 4100 COLLINS AVENUE  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)   | •         |
| DEUTSCH, SEYMOUR 4100 COLLINS AVENUE  82 Street Address (P.O. Box Number is Not Acceptable)  |           |
| 4100 COLLINS AVENUE  |           |
| 4100 COLLINS AVENUE  |           |
|  |           |
| MIAMI BEACH FL 33140   |           |
|  |           |
| B4 City Fi 85 Zip Cod  |           |
| 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 register of considered agent, or both, in the State of Florida, Such change was cuthorized by the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.  | ed 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   | . I am    |
| SIGNATURE_   |           |
| Stynature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaining DATE   |           |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  | 12        |
| TITLE DELETE 1.1 TITLE Change  | Addition  |
| NAME DEUTSCH, SEYMOUR 1.2 NAME   |           |
| STREET ADDRESS 4100 COLLINS AVENUE 13 STREET ADDRESS   |           |
| CITY-ST-ZIP MIAMI BEACH FL 33140 14 CITY-ST-ZIP  |           |
| The Control of the Co | Addition  |
| NAME 22 NAME   |           |
| STREET ADDRESS 2.3 STREET ADDRESS  |           |
| CITY ST-ZIP 24 CITY-ST-ZIP   |           |
| TIPLE  | Addition  |
| NAME 3.2 NAME  |           |
| STREET ADDRESS 33. STREET ADDRESS  |           |
| CITY - ST - 7IP 34 CITY - ST - 7IP   | ;         |
| TILE TO THE TIME T | Addition  |
| NAME 42 NAME   |           |
| STREET ADDRESS 43 STREET ADDRESS   | ļ         |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | į         |
| THE STATE OF THE S | ddition   |
| NAME 52 NAME   |           |
| STREET ADDRESS 53 STREET ADDRESS   |           |
| CHY-ST-ZIP 54 CHY-ST-ZIP   |           |
| Diff.  | ddition   |
| NAME 62 NAME   | Gait-Oll  |
| STREET ADDRESS 63 STREET ADDRESS   |           |
| CITY-S1-ZIP 64 CITY-S1-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)(k), Florida Statutes. I furnished and does not greatly that the information indicated on this angular poort or supplemental angular poort of the product of th | dhor      |

4. For nereby 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 logal effect as if made under oally, that I am an officer or directory 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 thanged, or on an all accuracy with an address.

SIGNATURE:

AATURY AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/17/96

Daytime Phone #