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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF C DOCUMENT # P93000071382 (4)

1. Corporation Name

SOLID UNION CORP.

Country

9. Name and Address of Current Registered Agent

25

PEREZ, CONNIE P 2469 W 70 PL

HIALEAH FL 33016

Principal Place of Business Mailing Address

2469 W 70 PLACE
HIALEAH FL 33016

HIALEAH FL 33016-5442

26

28

29

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

FILED Feb 25 1997 8:00am Secretary of State

| 3.  | Date Incorporated or Qualified 10/14/1993                                            |          | 3a. Date of Last Report 05/09/1996 |  |  |  |  |  |
|-----|--------------------------------------------------------------------------------------|----------|------------------------------------|--|--|--|--|--|
| 4.  | FEI Number                                                                           | <u> </u> | Applied For                        |  |  |  |  |  |
|     | 65-0442834                                                                           |          | Not Applicable                     |  |  |  |  |  |
| 5.  | Certificate of Status Desired                                                        |          | \$8.75 Additional<br>Fee Required  |  |  |  |  |  |
| 6.  | Election Campaign Financing<br>Trust Fund Contribution                               |          | \$5.00 May Be<br>Added to Fees     |  |  |  |  |  |
| 8.  | This corporation has liability for intangible tax under s. 199.032, Florida Statutes |          |                                    |  |  |  |  |  |
| 10. | Name and Address of New R                                                            | egistere | d Agent                            |  |  |  |  |  |
|     |                                                                                      |          |                                    |  |  |  |  |  |

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.

83 City

Country

Name

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

30

| agent. Fa      | or an mail with, and accept the configutions of, Section box         | .usus, mone | ia Statutes.                  |                                                   |          |          |
|----------------|----------------------------------------------------------------------|-------------|-------------------------------|---------------------------------------------------|----------|----------|
| SIGNATURE      | Signosa, ny rana asiavahan i intregaterah agantah diliten asplicable | (NOTE: P    | eg stered Agent signature req | puired when reinstatino)                          | DATE     |          |
| 12.            | OFFICERS AND DIRECTORS                                               |             | 13.                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          | RS IN 12 |
| Tille          | <b>P</b> □ D                                                         | ELETE       | 1.1 TITLE                     |                                                   | ☐ Change | Addition |
| NAME           | PEREZ, ROBERTO F                                                     |             | 1.2 NAME                      |                                                   |          |          |
| STREET ADDRESS | 2469 W 70 PLACE                                                      |             | 1.3 STREET ADDRESS            |                                                   |          |          |
| CHY SUZE       | HIALEAH FL                                                           |             | 1.4 CITY - ST - ZIP           |                                                   |          |          |
| TIFLE          | <b>VOIC</b> □ D                                                      | ELETE       | 21 TITLE                      |                                                   | Change   | Addition |
| NAME           | PEREZ, CONNIE P.                                                     |             | 22 NAME                       |                                                   |          | _        |
| STREET ADDRESS | 2469 W 70 PLACE                                                      |             | 23 STREET ADDRESS             |                                                   | 4 1      |          |
| CfTV+S1+ZiP    | HIALEAH FL                                                           |             | 2 4 CITY-ST-ZIP               |                                                   |          |          |
| TITLE          | □ D                                                                  | ELETE       | 31 TIYLE                      |                                                   | Change   | Addition |
| HAML           |                                                                      |             | 32 NAME                       |                                                   |          |          |
| STREET ADDRESS | ·                                                                    |             | 3.3 STREET ADDRESS            |                                                   |          |          |
| CHY-SI-ZiP     |                                                                      |             | 3 4. CITY - ST - ZIP          |                                                   |          |          |
| TallE          | D                                                                    | ELETE       | 4.1 TITLE                     |                                                   | Change   | Addition |
| NAME           |                                                                      |             | 4. 2 NAME                     |                                                   | -        |          |
| STREET ADDRESS |                                                                      |             | 4.3 STREET ADDRESS            |                                                   |          |          |
| CITY-S1-ZiP    |                                                                      |             | 4.4 City-St-ZiP               |                                                   |          |          |
| TILE           |                                                                      | ELETE       | 51 TITLE                      |                                                   | Change   | Addition |
| NAME           |                                                                      |             | 5 2 NAME                      |                                                   |          | _        |
| STREET ADDRESS |                                                                      |             | 5.3 STREET ADDRESS            |                                                   |          |          |
| CHY-ST-ZIF     |                                                                      |             | 5.4 CITY-ST-ZIP               |                                                   |          |          |
| TITLE          |                                                                      | ELETE       | 6.1 TITLE                     |                                                   | ☐ Change | Addition |
| NAME           |                                                                      |             | 6.2 NAME                      |                                                   |          |          |
| STREET ADDRESS |                                                                      |             | 6.3 STREET ADDRESS            |                                                   |          |          |
| City+S1-20     |                                                                      |             | 6.4 CITY - ST - ZIP           |                                                   |          |          |

14. I do 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 suppliemental 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 officer or an address.

SIGNATURE:

MALLIE P. TOLLS

2/20/97

55 17-3314

Zip Code