


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000001546			
1. Corporation Name SOLO LO MEJOR, INC.			
Principal Place of Business 111 NE 40TH St. Miami FL 33137 US		Mailing Address 111 NE 40th ST Miami FL 33137 US	
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	
25. Country		30. Country	
3. Date Incorporated or Qualified 12/29/993		3a. Date of Last Report 04/28/1995	
4. FEI Number 65-0464938		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent FRIEDMAN, MICHAEL D 1428 BRICKELL AVE 7TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			
800002144398 -04/16/97--01004--003 ***165.00			
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 included 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: _____			

CR2E034 (9/96)