FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011367 (7)**

1. Corporation Name

SEVEN PERCENT SOLUTION, INC.

Principal Place of Business	Mailing Address
~~99 N.W. 183RD STREET~~ ~~SUITE 117~~ ~~MIAMI FL 33169~~	~~99 N.W. 183RD STREET~~ ~~SUITE 117~~ ~~MIAMI FL 33169~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1409 NW 124 Ave.	26 P.O. Box 820663
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines, Fla.	City & State 28 South Fla, Florida
Zip 24 33026 Country 25 U.S.A.	Zip 29 33082 Country 30 U.S.A.

4. FEI Number: 65-0470494 ☐ 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	10. Name and Address of New Registered Agent
FRIEDMAN, ALAN ~~99 N.W. 183RD STREET~~ ~~SUITE 117~~ ~~MIAMI FL 33169~~	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 1409 NW 124 Ave. 83 84 City: Pembroke Pines FL 85 Zip Code: 33026

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	FRIEDMAN, ALAN	12 NAME	Friedman, Alan	
STREET ADDRESS	99 N.W. 183RD STREET, SUITE 117	13 STREET ADDRESS	1409 NW 124 Ave.	
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP	Pembroke Pines Fla. 33026	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	FRIEDMAN, SUZANNE	22 NAME	Friedman, Suzanne	
STREET ADDRESS	99 N.W. 183RD STREET, SUITE 117	23 STREET ADDRESS	1409 NW 124 Ave.	
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP	Pembroke Pines, Fla. 33026	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SENS, GILBERT	32 NAME		
STREET ADDRESS	99 N.W. 183RD STREET, SUITE 117	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: [signature] Pres. Director 4/26/95 431-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184480 CP