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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025565 (0)

**SOL SHINE CORPORATION** 

Principal Place of Business

Mading Address

## FILED May 04 1998 8:00am Secretary of State



6964 W. 29 WAY 6964 W. 29 WAY HIALEAH FL 33018 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1994 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0503357 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GUTIERREZ. TAYDI** 3663 SW 7 ST. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33134 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fforida 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 Fforida. 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, Fforida Statutes. **SIGNATURE** Signature, typed or printed name of registerical agent and the if applicable (NO') Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE TITLE DEL SOL, ARMANDO CR2E034 NAME 1.2 NAME 6964 W. WAY STREET ADDRESS 13 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 14 CHTY-ST-ZIP DELETE Change Addition 21 TITLE TITLE DEL SOL, AIDA 2.2 NAME NAME .6964 W. 29 WAY 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 2 4 CHTY-ST-ZIP ☐ DELEŤE Change Addition 31 TITLE TITLE **GUTIERREZ, TAYDI** NAME 3.2 NAME 3633 SW 7 ST 3 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 3 4. C(1Y - S1 - 2)P DETETE Change Addition 4 1 TIFLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CiTY - ST - ZIP

14. Thereby 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 supplicmental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.

Armando Del Sol, President

April 25, 1998 (305)558-6637