FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

SIGNATURE:

P94000026451 (2)

SOLUCIONES TECNOLOGICALS, INC.

Principal Place of Business Mailing Address							Er es i atiás liái sáði
	RAOD. SUITE 208-S INGS FL 33067	9130 WILES RAOD. CORAL SPRINGS F					
					3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last I 04/11/	•
2. Principal Place of Business 2a. Mailing Address					4, FEI Number		Applied For
21	·	26			65-048 1966		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	27		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		00 May Be
[3] Zip	Country	28	Country 30		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
4	25	29					
.,	9. Name and Address of Cu		1991		10. Name and Address of New R		
			81	Name		<u></u>	
BARREF	RA, ALFONSO		82	Ctroot Add	ress (P.O. Box Number is Not Acceptab	01	
9130 WILES RD			02	Street Audi	ress (ro. box Horriber is Not Acceptab	le)	
STE 208-5			83				
CORAL	FL 33067		84	City		loc l	to Codo
				•	ration submits this statement for the pur		ip Code
SIGNATURE s	g action, typed or posited name of registered. OFFICERS	agent are transplicable (N AND DIRECTORS	OTE Registered Agricult	Signature require	cd when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	ORS IN 12
TIFLE	P	DELETE	1 1 TITLE			Change	
NAME	BARRERA, ALFONSO		1.2 NAME				
S REET ADORESS	9130 WILES ROAD SUI		13STREET.	ADDRESS			
City St-Zie	CORAL SPRINGS FL 33		1.4 CITY - ST	-ZIP			
TIFLE	V	□ D€LETE	2 1 TITLF			Change	Addition
NAME	HENRIQUEZ, GUSTAVO		2 2 NAME				
STREET ADDRESS	9130 WILES ROAD SUF		23 STREET.				
CHTY-51-ZIF TUTUF	CORAL SPRINGS FL 33	TOELFTE	24 CITY ST 3 1 THEF	ZIP		☐ Change	["] Addition
NAME			3 7 111EF			Change	Addition
STELL LADURESS			33 STREET	2226004			
CIT ST ZIP			3.4 CHY - \$1				
TELE		DELETE	4 1 11TLF			Change	Addition
NAME		_	4.2 NAM				-
STREET ADDRESS			43 STREET	ADORESS			
CDY-ST-ZIP			4.4 CHTY - S1	r- ZIP			
WKF [DELETE	5 1 THEF			Change	Addition
NAME			5.2 NAM:				
STREET ACCRESS			53 STREET	ADDRESS			
CITY - ST ZIP			5.4 CHTY - ST	- ZIP			
TUTEF		DELETE	6 1 TITLE			☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS		. 1	63 STREFT				
007 51-70 14 Edo hereby:	certify that the information every	College the filmer is unfuntarily from	64 City - St	I-ZIP	for the everyation stated in Section 110	17/19/W Florida State	the Hurther
certify that the cath; that I appears in E	tie information indicated on this am an officer or director of the Biock 12 or Block 13 if chapter	pular eport or supplemental and projection or the receiver or trust on an attachment with an about	ntial report is true re empowered to dress	e and accura o execute thi	for the exemption stated in Section 119: ate and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect as orida Statutes; and the	if made under nat my name