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May 02 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 # P94000037163 (0)

1. Corporation Name  
SOLIMOED, INC.



Principal Place of Business  
15011 S.W. 43RD TERRACE  
MIAMI FL 33185

Mailing Address  
15011 S.W. 43RD TERRACE  
MIAMI FL 33185-4377

3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0533943	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

OCARIZ, HIRAM D  
2151 LEJEUNE ROAD  
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OTTOLINO, GIUSEPPE 15011 S.W. 43RD TERRACE MIAMI FL 33185 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTOLINO, GIUSEPPE	1.2 NAME	
STREET ADDRESS	15011 S.W. 43RD TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	1.4 CITY - ST - ZIP	
TITLE	D DE OTTOLINO, YADIRA L 15011 S.W. 43RD TERRACE MIAMI FL 33185 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OTTOLINO, YADIRA L	2.2 NAME	
STREET ADDRESS	15011 S.W. 43RD TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	2.4 CITY - ST - ZIP	
TITLE	D OTTOLINO, ALICIA G 15011 S.W. 43RD TERRACE MIAMI FL 33185 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTOLINO, ALICIA G	3.2 NAME	
STREET ADDRESS	15011 S.W. 43RD TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S EDUARDO OTTOLINO 15011 S.W. 43RD TERRACE MIAMI, FL 33185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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

APR 21 1997

Date

X 805 86 96

Daytime Phone #

CR2E034 (9/96)