

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038999

1. Corporation Name
SOLUTIONS-MILL, INC.

Principal Place of Business

2730 SW 3RD AVENUE

SUITE 202

MIAMI FL 33129

US

757 Arthur Godfrey Rd.
Miami Beach, FL 33140

Mailing Address

2730 SW 3RD AVENUE

SUITE 202

MIAMI FL 33129

US

757 Arthur Godfrey Rd.
Miami Beach, FL 33140

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90028 030 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

65-0492413

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

HAIMAN, BARRY G

2730 SW 3RD AVENUE

SUITE 202

MIAMI FL 33129

757 Arthur Godfrey Rd.
Miami Beach, FL 33140

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

TITLE D
NAME HAIMAN, BARRY G
STREET ADDRESS 10250 COLLINS AVE, 9801 Collins Ave.
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE T
NAME AMAYA, MORRIS
STREET ADDRESS 14629 SW 104 ST 216
CITY-ST-ZIP MIAMI FL 33186

TITLE D
NAME JONES, LUYERNE
STREET ADDRESS 1 SE 3RD AVE 20TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME LITTLE, DEWAYNE L
STREET ADDRESS 1250 FUNSTON ST
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D
NAME LOPATE, SAYNA
STREET ADDRESS C/O COLONIAL BANK, CRANDON BLVD
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D
NAME GORDON, ALAN
STREET ADDRESS 628 8TH AVE NORTH
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME GOLDBERG, LARRY
1.3 STREET ADDRESS C/O COLONIAL BANK, 301 41st STREET
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE BROWN, MISTY
2.2 NAME
2.3 STREET ADDRESS C/O COMM. MOSS, 111 NW 1st ST
2.4 CITY-ST-ZIP MIAMI, FL 33128

3.1 TITLE D
3.2 NAME CHISHOLM, ROBERT
3.3 STREET ADDRESS 737 JERONIMO DR
3.4 CITY-ST-ZIP CORAL GABLES, FL 33146

4.1 TITLE D
4.2 NAME ROBINSON, MARC
4.3 STREET ADDRESS 10952 SW 161 ST
4.4 CITY-ST-ZIP MIAMI, FL 33157

5.1 TITLE D
5.2 NAME SHIVER, STEVE
5.3 STREET ADDRESS 200 NE 2nd DR
5.4 CITY-ST-ZIP HOMESTEAD, FL 33030

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-99 305-532-5707

CR2E034 (11/98)