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PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # P94000057747 (5)

SOLAR PRINTING SERVICES, INC.

Principal Place of Business Mailing Address 18830 NW 47TH COURT 18830 NW 47TH COURT MIAMI FL 33055 MIAMI FL 33055-2513 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1994 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0529229 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for interigible tax under s. 199.032, Yes No 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PICARD, FRANCISCO **18830 NW 47TH COURT** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33055 83 84 City 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 obligators of, Section 607,0505, Florida Statutes. Reaistered SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.1 1011 PICARD, FRANK NAME 1.2 NAME 18830 NW 47 COURT STREET ADDRESS 1.3 STREET ADDRESS CAROL CITY FL 33055 CITY-ST-ZIP 1.4 CHY-S1-7IP DELETE TITLE Change Addition 21100 NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34, CITY-S1-ZIP ___ DELETE ☐ Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - 7/P DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME

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 eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on application or an address.

6.4 CITY - \$1 - 7IP

6.3 STREET ADDRESS