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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000070005 (1)

1. Corporation Name

SOLUTIONS-MARINER, INC.



Principal Place of Business

2730 SW 3RD AVE
SUITE 202
MIAMI FL 33129
US

Mailing Address

2730 SW 3RD AVE
SUITE 202
MIAMI FL 33129
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

HAIMAN, BARRY G
2730 SW 3RD
SUITE 202
MIAMI FL 33129

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/20/1994

4. FEI Number

65-0524432

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HAIMAN, BARRY G
STREET ADDRESS 10250 COLLINS AVE, PH1
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME AMAYA, MORRIS
1.3 STREET ADDRESS 14629 SW 104 ST., # 216
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JONES, LUVERNE
2.3 STREET ADDRESS 1 SE 3RD AVE., 20TH FLOOR
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LITTLE, DEWAYNE L.
3.3 STREET ADDRESS 1250 FUNSTON ST.
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME LOPATE, SHAYNA
4.3 STREET ADDRESS C/O COLONIAL BANK, CRANDON BLVD.
4.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME GORDON, ALAN
5.3 STREET ADDRESS 628 8TH AVE., NORTH
5.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME REEVES, JOE
6.3 STREET ADDRESS 1730 URBANA AVE.
6.4 CITY-ST-ZIP DELTONA, FL 32725

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.

SIGNATURE:

[Handwritten Signature]

U-23-98 335-8181600

CR2E034 (10/97)