

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90127 045 ***158.75

DOCUMENT # P94000070005

1. Corporation Name

SOLUTIONS-MARINER, INC.



Principal Place of Business

Mailing Address

~~2730 SW 3RD AVE~~
~~SUITE 202~~
157 Arthur Godfrey Rd.
MIAMI FL 33129
JLS

~~2730 SW 3RD AVE~~
~~SUITE 202~~
757 Arthur Godfrey Rd.
MIAMI FL 33129
OS

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIMAN, BARRY G

~~2730 SW 3RD~~
~~SUITE 202~~
~~MIAMI FL 33129~~

757 Arthur Godfrey Rd.
Miami Beach, FL 33140

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HAIMAN, BARRY G**
STREET ADDRESS ~~10250 COLLINS AVE, PH1~~ 9801 Collins Av.
CITY-STATE-ZIP **BAL HARBOUR FL 33154**

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

TITLE **D** ☐ DELETE
NAME **JONES, LUVERNE**
STREET ADDRESS **1 SE 3RD AVE 20TH FLOOR**
CITY-STATE-ZIP **MIAMI FL 33131**

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

TITLE **D** ☒ DELETE
NAME **LOPATE, SHAYNA**
STREET ADDRESS **C/O COLONIAL BANK, CRANDON BLVD**
CITY-STATE-ZIP **KEY BISCAYNE FL 33149**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **GOLDBERG, LARRY**
1.3 STREET ADDRESS **c/o COLONIAL BANK, 301 41ST STREET**
1.4 CITY-STATE-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE **D** ☐ Change ☒ Addition

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

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **CHISHOLM, ROBERT**
3.3 STREET ADDRESS **737 JERONIMO DR**
3.4 CITY-STATE-ZIP **CORAL GABLES, FL 33146**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **SHIVER, STEVE**
4.3 STREET ADDRESS **200 NE 2nd DR**
4.4 CITY-STATE-ZIP **HOMESTEAD, FL 33030**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **ROBINSON, MARC**
5.3 STREET ADDRESS **10952 SW 161 ST.**
5.4 CITY-STATE-ZIP **MIAMI, FL 33157**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 #

Barry G. Haiman

1-22-99

305-532-5707

CR2E034 (1/98)