FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073719 (4)**

1. Corporation Name
SOLOTRADE INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3121 COMMODORE PLAZA~~ ~~SUITE 301~~ ~~MIAMI FL 33133~~	3121 COMMODORE PLAZA SUITE 301 MIAMI FL 33133

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

2. Principal Place of Business	115 SE 3 Avenue	2a. Mailing Address	115 S.E. 3rd Avenue
Suite, Apt. #, etc.	Suite 101	Suite, Apt. #, etc.	Suite 101
City & State	Miami, FL	City & State	Miami, Fl
Zip / County	33131 / DADE	Zip / County	33131 / DADE

4. FEI Number: 65 - 0528920 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAFONTISEE, LOUIS L JR 3121 COMMODORE PLAZA SUITE 301 MIAMI FL 33133	81 Name: Maria Gomez 82 Street Address (P.O. Box Number is Not Acceptable): 115 S.E. 3rd Avenue, Suite 101 83 84 City: Miami FL 85 Zip Code: 33131

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 ✓ Maria Gomez 4/27/95
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	~~DPG~~	1.1 TITLE	D P S	☐ Change ☒ Addition
NAME	~~NOGALES, JAIME~~	1.2 NAME	Maria Gomez	
STREET ADDRESS	~~ARGUELLES 700~~	1.3 STREET ADDRESS	115 SE 3 Avenue, Suite 101	
CITY-ST-ZIP	~~GUAYAQUIL ECUADOR~~	1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: ✓ Maria Gomez Maria Gomez 4/27/95 443-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0130770 CP