

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000026500

1. Corporation Name

SOL B CORP.

Principal Place of Business

2945 FLAMINGO DR
MIAMI BCH FL 33140
US

Mailing Address

2945 FLAMINGO DR
MIAMI BCH FL 33140-3916
US

Miami Beach

2. Principal Place of Business

21 Suite, Apt. #, etc.

SAME

2a. Mailing Address

26 Suite, Apt. #, etc.

SAME

22 City & State

23 Zip

27 City & State

28 Zip

Miami Beach FL

29 Country

30 Country

31 U.S.

9. Name and Address of Current Registered Agent

GENET, S. MICHAEL
2945 FLAMINGO DR
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENET, S. MICHAEL		1.2 NAME	
STREET ADDRESS	2945 FLAMINGO DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

S. MICHAEL GENET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

07-27-1999 90021 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/03/1995

4. FEI Number
65-0570866

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

7. This corporation owes the current year
Intangible Personal Property
Yes No

0126562

CR2E034 (5/99)

596408-90021-45
P95000024500

7/14/99

as per tel. Conversation today

Please accept my 1/50. payment.

As you can see the address was

incorrect stating Hollywood as my
city instead of Miami Beach. I didn't

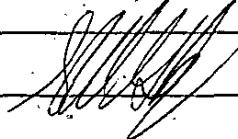
receive the 1st Notice only this one,

the 2nd just the other day. —

Hope the records ~~are~~ will be now

changed so I won't error next year.

Thank You,



596408-10021-45
P95000026500



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314



TO: 0126562 SP **SNGLP 1297 33140
P95000026500

126562 SP
SOL B CORP.
2945 FALINGO DR
HOLLYWOOD FL 33140
US

Please change ✓

M. Bch.
fl.

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
M21