FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000042412 (3)

1. Corporation Name

SOLID INVESTMENTS OF MIAMI, INC.

Principal Place of Business	Mailing Address
1265 MARSEILLA DRIVE NORMANDY ISLE MIAMI BEACH FL 33141	1265 MARSEILLA DRIVE NORMANDY ISLE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3399 Ponce de Leon Blvd	26 3399 Ponce de Leon Blvd
22 Suite, Apt. #, etc.: Suite 202	27 Suite, Apt. #, etc.: Suite 202
23 City & State: Coral Gables, FL	28 City & State: Coral Gables, FL
24 Zip: 33134 — 25 Country: USA	29 Zip: 33134 — 30 Country: USA

4. FEI Number: 65-0586656 ☐ 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**

BAUMBERGER, HANS
1265 MARSEILLA DRIVE
NORMANDY ISLE
MIAMI BEACH FL 33141

10. **Name and Address of New Registered Agent**

81 Name: Hans Baumberger
82 Street Address (P.O. Box Number is Not Acceptable): 3399 Ponce de Leon Blvd
83 Suite 202
84 City: Coral Gables FL 85 Zip Code: 33134

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: 4/16/96

12. **OFFICERS AND DIRECTORS**

TITLE	D	☒ DELETE
NAME	BAUMBERGER, HANS	
STREET ADDRESS	1265 MARSEILLA DRIVE, NORMANDY ISLE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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	P/D/S	☒ Change ☐ Addition
1.2 NAME	Delsa D. Gonzalez	
1.3 STREET ADDRESS	7510 Lochness Dr.	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

Bank deposit # 200.00

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)(k), 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: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4-17-96 Daytime Phone #: (305) 461-9234

Delsa D. Gonzalez

CR2E034 (12/95)