

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 # **P95000058502 (2)**

1. Corporation Name

SOLO PEMBROKE PINES, INC.



Principal Place of Business

**848 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131**

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEE Number

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

**MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. SECOND AVENUE
SUITE 900
MIAMI FL 33131**

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 607.1506, 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 of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

2. NAME

ARDID, JOSE

3. STREET ADDRESS

**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

4. CITY-STATE-ZIP

5. TITLE

D

☐ DELETE

6. NAME

COURET, JUAN

7. STREET ADDRESS

**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

8. CITY-STATE-ZIP

9. TITLE

D

☐ DELETE

10. NAME

CASCAJERO, JOSE M

11. STREET ADDRESS

**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

12. CITY-STATE-ZIP

13. TITLE

D

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

D

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

D

☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22/96 (405) 877-1001
BIOGRAPHIC

CR2E034 (12/95)