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 # **P95000058766 (3)**

1. Corporation Name

SOLISTRA INC.

Principal Place of Business: 3411 FOXCROFT ROAD, MIRAMAR FL 33025

Mailing Address: 3411 FOXCROFT ROAD, MIRAMAR FL 33025

3. Date Incorporated or Qualified: 07/27/1995

3a. Date of Last Report: NA

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI 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

MORGAN, BARRINGTON
3411 FOXCROFT ROAD
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: MORGAN, BARINGTON
82 Street Address (P.O. Box Number is Not Acceptable): 7920 N.W. 89 AVE
83
84 City: TAMARAC FL 85 Zip Code: 33321

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: Barington Morgan — Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE: 04/13/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MORGAN, BARRINGTON	
STREET ADDRESS	3411 FOXCROFT ROAD	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☐ DELETE
NAME	RHODEN, YVONNE	
STREET ADDRESS	10943 N.W. 29 CT.	
CITY-ST-ZIP	SUNRISE FL 33322	
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	D	☒ Change ☐ Addition
1.2 NAME	7920 N.W. 89	
1.3 STREET ADDRESS	7920 N.W. 89 AVE	
1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	YVONNE MORGAN	
2.3 STREET ADDRESS	7920 N.W. 89 AVE	
2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
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		

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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: Barington Morgan BARINGTON MORGAN 04/13/96 (954) 967-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #