

**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 # **P95000066793 (7)**

1. Corporation Name

**SOL SYSTEMS, INC.**



Principal Place of Business

**1300 S.W. 122 AVE #121  
MIAMI FL 33184**

Mailing Address

**1300 S.W. 122 AVE #121  
MIAMI FL 33184**

2. Principal Place of Business

21 **11646 SW 91 Terr.**

Subs. Apt. #, etc.

22 City & State

23 **Miami**

Zip

24 **33176**

Country

25 **Dade**

2a. Mailing Address

26 Subs. Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

**08/29/1995**

3a. Date of Last Report

**N/A**

4. FET Number

**65-0603817**

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

**STEINMETZ, MAYER  
7545 N KENDALL DR  
MIAMI FL 33156**

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 of person or entity that is the registered agent for the corporation.

Signature of the Agent for the corporation.

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>STEINMETZ, DANIEL</b>    |                                            |
| STREET ADDRESS | <b>1300 SW 122 AVE #121</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33184</b>       |                                            |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SRODULSKI, ROBERT</b>    |                                            |
| STREET ADDRESS | <b>11981 SW 177 TERRACE</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33177</b>       |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-ST-ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-ST-ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-ST-ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-ST-ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-ST-ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 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)(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: **Daniel Steinmetz** **DANIEL STEINMETZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**

**305-553-4821**

Office Phone

CR2E034 (12/95)