

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 795000077646
1. Corporation Name
Solucorp Corporation

Principal Place of Business
819 Sistina Ave.
Coral Gables, FL
33146

Mailing Address
same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10-5-95	
4. FET Number 65-0617457	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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Leonardo L. Cornide
819 Sistina Ave.
Coral Gables, FL 33146

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 607.0607 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 607.0609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Leonardo L. Cornide	
STREET ADDRESS	819 Sistina Ave.	
CITY, ST, ZIP	Coral Gables, FL 33146	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied on this 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; that the corporation is authorized to provide this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation's records.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 (305) 669-4615

CR2E034 (10/97)