

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

FILED  
Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000083686 (2)**

1. Corporation Name  
**SOLIDEX CORP.**



Principal Place of Business <b>7857 NW 64 ST MIAMI FL 33166</b>	Mailing Address <b>7857 NW 64 ST MIAMI FL 33166-2771</b>
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3. Date Incorporated or Qualified <b>10/30/1995</b>	3a. Date of Last Report <b>08/13/1996</b>
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2. Principal Place of Business 21 <b>8310 NW 68TH STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FLORIDA</b> Zip Country 24 <b>33166 USA</b>	2a. Mailing Address 26 <b>8310 NW 68TH STREET</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI FLORIDA</b> Zip Country 29 <b>33166 USA</b>	4. FEI Number <b>65-0617292</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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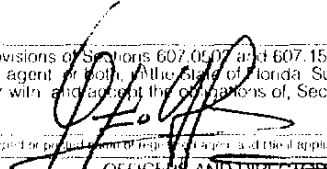
9. Name and Address of Current Registered Agent

**ALVAREZ, GUSTAVO  
8023 LAKE DR #204  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  **PRES.** DATE **01/14/97**  
Signature, typed or printed name of registered agent and the applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALVAREZ, GUSTAVO</b>		1.2 NAME <b>CASTRO, JUAN C.</b>	
STREET ADDRESS <b>8023 LAKE DR #204</b>		1.3 STREET ADDRESS <b>5201 GENOVA WAY #108</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		1.4 CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>VT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, GUSTAVO</b>		2.2 NAME	
STREET ADDRESS <b>4910 NW 79TH AVE #205</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASTRO, JUAN C</b>		3.2 NAME	
STREET ADDRESS <b>5201 GENOVA WAY #108</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:  **GUSTAVO ALVAREZ.** - DATE **01/14/97** DAYTIME PHONE # **(305) 718-9262**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)