

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 # **P95000089203 (0)**
1. Corporation Name
SOL OLE CORP.



Principal Place of Business: **1530 CERTOSA AVENUE CORAL GABLES FL 33134**
Mailing Address: **1530 CERTOSA AVENUE CORAL GABLES FL 33134**

2. Principal Place of Business
21 **833 WASHINGTON AV.**
Suite, Apt. #, etc. **MIAMI BEACH**
City & State
23
Zip **33139** Country **DADE**
24 25 29 30

3. Date Incorporated or Qualified **11/20/1995** 3a. Date of Last Report
4. FEI Number **65-0627085** 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
**MORILLO, JESUS
1530 CERTOSA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name **JESUS MORILLO**
82 Street Address (P.O. Box Number is Not Acceptable) **833 WASHINGTON AV.**
83
84 City **MIAMI BEACH.** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.02 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 **JESUS MORILLO - PRESIDENT** DATE **04-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD MORILLO, JESUS <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1530 CERTOSA AVENUE	2. NAME
STREET ADDRESS	CORAL GABLES FL 33134	3. STREET ADDRESS
CITY-ST-ZIP		4. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD ORSINI, RAUL N <input type="checkbox"/> DELETE	2.1 TITLE
NAME	1550 STILLWATER DRIVE	2.2 NAME
STREET ADDRESS	MIAMI BEACH FL 33141	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		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

800001890348 Addition
-07/11/96--01013--002
*****200.00**

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 this 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: **JESUS MORILLO** DATE: **04-10-96** **534-08.12**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (12/95)