

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP 12 AM 10: 43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000001032 (7)

1. Corporation Name

HIS SOLUTIONS, INC.

Principal Place of Business

11826 S.W. 100 TERRACE  
MIAMI FL 33186

Mailing Address

11826 S.W. 100 TERRACE  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

04/28/1996

4. FEI Number

65-0630545

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 18911 SW 313 Street

Suite, Apt. #, etc.

22 City & State

Homestead, FL

24 Zip

33030

Country

USA

2a. Mailing Address

26 P.O. Box 901750

Suite, Apt. #, etc.

27 City & State

Homestead, FL

29 Zip

33090-1750

Country

USA

9. Name and Address of Current Registered Agent

BAKER, STEVEN  
5526 SW 89 CT.  
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name BAKER, STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)

18911 SW 313 Street

84 City Homestead

FL

85 Zip Code

33030

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT BAKER, TERESA C DELETE

NAME BAKER, TERESA C  
STREET ADDRESS 11826 S.W. 100 TERRACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE VS BAKER, STEVEN W DELETE

NAME BAKER, STEVEN W  
STREET ADDRESS 11826 S.W. 100 TERRACE  
CITY-ST-ZIP MIAMI FL 33186

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 PT BAKER, TERESA C Change Addition

1.2 NAME BAKER, TERESA C  
1.3 STREET ADDRESS 18911 SW 313 Street  
1.4 CITY-ST-ZIP Homestead, FL 33030

2.1 TITLE VS BAKER, STEVEN W Change Addition

2.2 NAME BAKER, STEVEN W  
2.3 STREET ADDRESS 18911 SW 313 Street  
2.4 CITY-ST-ZIP Homestead, FL 33030

3.1 TITLE Change Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 100002294021-5

4.1 TITLE -09/16/97--0102 Page 019 Addition

4.2 NAME \*\*\*\*165.00 \*\*\*\*165.00

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

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 305-245-5246

CR2E034 (4/97)