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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010357 (7)

SOL DE AMERICA MANAGEMENT APTS., INC.

FILED Jan 22 1998 8:00am Secretary of State



				<u> </u>	
Principal Place of Business Mailing Address				a tagerage the relief altit abilit beilt delit für	1 schis Bācan kirdt Bilkir 1861 1861
986 W. 40 PLACE 986 W. 40 PLACE					
HIALEAH FL 33012 HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	13 SI AOL
				01/29/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0648498	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 мау/Ве
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]	[29]	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HERNANDEZ, JULIA			81 Name		
986 W. 40 PLACE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012			100		
			B3		
			84 City		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DEL€TE	1.1 TITLE		Change Addition
NAME :	HERNANDEZ, LUIS R		1.2 NAME		
STREET ADDRESS	986 W. 40 PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, JULIA		2.2 NAME		Ì
STREET ADDRESS	986 W. 40 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET e	4.1 TITLE	· · · · · 	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	:	Plactere	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	•		63 STREET ADDRESS		
CITY-ST-ZIP	ertifu that the information cumplied	with this filling door not a -U.C.	6.4 CITY-SI-ZIP	Section 440 07/01/3 First- 01-14-11	EC AL (AL) I

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report of 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.