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.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



1997	DIVISION OF C	CORPORATIONS	97 SEP 26 PN 3: 12
DOCUMENT # P960 1. Corporation Name SOL SYSTEM INTEGRATIONS	00026473 (4)		SECRETAR TO STATE TALLAMASSEE TLORIDA
Principal Place of Business	Mailing Address		
7145 NW 74TH ST MEDLEY FL 33166	7145 NW 74TH ST MEDLEY FL 33168		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 3a. Date of Last Report N/A
2. Principal Place of Business 21 Same	2a. Mailing Address 26 Samc		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S. 5. See Regulred \$8.75 Additional Fee Regulred
City & State	City & State	<u> </u>	6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 3. Name and Address of C	29 urrent Registered Agent	30	Personal Property Tax due June 30. LJ Yes No 10. Name and Address of New Registered Agent
DEL SOL, ERNESTO JR		81 Name	N/A
7145 NW 74TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33166		83	2014 no
		84 City	last 7:- O- to
			FL 85 Zip Code
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the 	7,0502 and 607.1508, Florida Statut State of Florida. Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the	obligations of, Section 607.0505, Flo	orida Statutes.	
SIGNATURE Signature, typed or printed name of register	red agent and tille if applicable. (NOT	Hegislered Agent signature requ	ired when reinstating) DATE
	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME DEL SOL, ERNESTO JR	טנננונ	1.1 TITLE 1.2 NAME	Change L Addition
STREET ADDRESS 5541 SW 136TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175		1.4 CITY - ST - ZIP	<u> </u>
TITLE	☐ DELETE	2 1 1ITLE	-09/30/9701 035 00-021 Addition +****558.75 *****55 8.76
NAME STREET IDDRESS		2.2 NAME 2.3 STREET ADDRESS	****558.75 ****55 8.703
CITY-S - ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CRY-ST-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 LILE	☐ Change ☐ Addition
NAME		4. 2 AME	
STREET ADDRESS		4.3 REET ADDRESS	
CITY-ST-ZIP TITLE	☐ DELFTE	4.4 TY-ST-ZIP 5.1 TILE	☐ Change ☐ Addition
NAME	D DECTE	5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	Mh
TITLE	DELETE	6.1 TITLE	Addition Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 City-ST-ZIP	Was
	noticed with this filing dates not qualif		d in Section 119 07(3)(i) Florida Statutes I further certify that the

Too nereby certify that the information supplied with this filling opes 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 angual report is five and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or rustels empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or by an attachment with an address.