## 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

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

| I to Corporation                                     | MEN # P96000<br>LTING SOLUTIONS, INC.                                 | 1030835 (8                 | )                                   |  |   |
|--|---|----------------------------|-------------------------------------|--|---|
| Principal Place                                      | e of Business   | Mailing Address            |                                     | {  | ili adiga ilili <b>3019</b> ) idila 31181 <b>a</b> fil iddi |
| 475 BILTMORE WAY, SUITE 302<br>CORAL GABLES FL 33134 |   | 475 BILTMORE WAY, S        | WITE 302                            |  |   |
|  |   | CORAL GABLES FL 33134      |                                     |  |   |
|  |   |                            |                                     |  | IN THIS SPACE   |
|  |   |                            |                                     | 3. Date Incorporated or Qualified 04/09/1996   | 3a. Date of Last Report                                     |
| 2. Principal Place of Business                       |   | 2a. Mailing Address        |                                     | 4. FEI Number 65622  | Applied For   |
| 21 Suite And H ata                                   |   | 26                         |                                     | 62003684   | Not Applicable  |
| Suite, Apt. #, etc.                                  |   | Suite, Apt. #, etc.        |                                     | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                              |
| City & State   |   | City & State               |                                     | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees                                 |
| Zip  | Country   | Zip                        | Country                             | 8. This corporation owes or has pa   | id the current year Intangible                              |
| 24   | 9. Name and Address of Current  | Peoletered Agent           | 30                                  | Personal Property Tax due June  10. Name and Address of New Re   |   |
| AM   | ERILAWYER CHARTERED   | negisteren Agent           | 81 Name                             |  |   |
| 343 ALMERIA AVENUE                                   |   |                            | [ ]                                 | JAMES W- Jon &   |   |
| CORAL GABLES FL 33134                                |   |                            | 83                                  | dress (P.O. Box Number is Not Acceptable 1965)   | 75R.  |
| ļ  |   |                            | 7                                   |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                     |
|  |   |                            | 84 City                             | (AM(,  | FL 85 Zip Code 331.76                                       |
| 11. Pursuant   | to the provisions of Sections 607.0502                                | and 607.1508, Florida Stat | utes, the above-named cor           | poration submits this statement for the p  | ourpose of changing its registered                          |
| agent. I a   | m familiar with, and accept the obliga                                |                            |                                     | poration submits this statement for the pation's board of directors. I hereby accept the pation of t | tile appointment as registered                              |
| SIGNATURE  | _ tous loster   | — <u>7</u> 46              |                                     |  |   |
| 12.  | Signature, type if or printed name of registeral agen<br>OFFICASS AND |                            | OTE Registered Agent signature requ | ADDITIONS/CHANGES TO OFFIC   | DATE<br>PERS AND DIRECTORS IN 12                            |
| TITLE  | PID   | DELETE                     | S.1 TITLE                           | ABBITIONO/OTIANGEO TO OTT TO   | Change Addition   |
| NAME   | JONES, JAMES W  |                            | 1.2 NAME                            |  |   |
| STREET ADDRESS                                       | 475 BILTMORE WAY, SUITE 3   | 02                         | 1.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP  | CORAL GABLES FL 33134   | -                          | 1.4 CHY-ST-ZIP                      |  |   |
| TITLE  | VSD   | ☐ DELETE                   | 2.1 TITLE                           |  | Change Addition   |
| NAME   | Bressler, Robert  |                            | 2.2 NAME                            |  |   |
| STREET ADDRESS                                       | ARE OUTLIAND INAVIOLET ANA  |                            | 2.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP  | CORAL GABLES FL 33134   |                            | 2. 4 CITY-ST-ZIP                    |  | • 4   |
| TITLE  | :   | DELETE                     | 3.1 TITLE                           |  | Change Addition   |
| NAME   |   |                            | 3.2 NAME                            |  |   |
| STREET ADDRESS                                       |   |                            | 3.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP  |   |                            | 3.4. CITY-ST-2IP                    |  |   |
| TITLE  |   | ☐ DELETE                   | 4.1 TITLE                           |  | ☐ Change ☐ Addition   |
| NAME (   |   |                            | 4. 2 NAME                           |  |   |
| STREET ADDRESS                                       |   |                            | 4.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP  |   | Latier                     | 4.4 CITY - ST - ZIP                 |  |   |
| TITLE  |   | DELETE                     | 5.1 TITLE                           |  | Change Addition   |
| NAME   |   |                            | 5 2 NAME                            |  |   |
| STREET ADDRESS                                       |   |                            | 5 3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP<br>TITLE                                 |   | DELETE                     | 5.4 CiTY-ST-ZiP                     |  | Change Addition   |
|  |   | ☐ orreit                   | 6.1 TITLE                           |  | C Change C MOUNTAIN   |
| NAME   |   |                            | 6.2 NAME                            |  |   |

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 eath; that I am an officer or director of the composition 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 Bioxinia if oranged, or on an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Aug 05 1997 8:00am

Secretary of State