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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 01 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

	Name # 19000 OLUTIONS EXPORT, INC.	10037010 (1	,			
Principal Place	e of Business	Mailing Address				99/09
P.O. DOX 1102 MAMI FL 8911 5 B 4 5	H	P.O. BOX 110252 MIAMI FL 83111-0252				
Wiam					3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	* · · · · · · · · · · · · · · · · · · ·	26			P2-07008 4,	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		Cily & State			6 Stanton Occasion Singapine	Fee Required
23	•	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	Yes No
	9, Name and Address of Curr	rent Registered Agent			10. Name and Address of New Reg	Istered Agent
	imachtenberg, lee c		81	Name		
	3 SUNSET DRIVE		82	Street Addr	ress (P.O. Box Number is Not Acceptable	ρ)
	TE 201		83			
, , , , , , , , , , , , , , , , , , ,	RAL GABLES FL 33143					
			84	City		FL 85 Zip Code
11. Pursuant !	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	atules, the above-	-named corp	poration submits this statement for the pu	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such change wa dinations of Section 607,0505.	as authorized by Florida Statutes.	the corporati	poration submits this statement for the pulion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	10 Million Hills wife warepring and	nganono on poonen opine : : : : ;	. I loma can-i			
	Signature, typed or printed name of registered		NOTE: Registered Agen	ıl signalure requir		DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD Brisolla, Carlos A	DELETE	1.1 TITLE			Change Addition
NAME	#100 EX, CAUTOS X 2802 1 M. 1134/ 31		1.2 NAME	1000000		
STREET ADDRESS	MAMIFE 33111 WI AMI F1. 33156		1.3 STREET A			
CITY-ST-ZIP	81D	DELETE	1.4 C(TY+ST+ 2.1 T(TLE	- ZIP		Change Addition
NAME	DOIOGILA MADOADET	منظمون باست	1	1		
STREET ADDRESS	WAN BOW HASEON TO	605 EM 118th S	7.	ADDRESS		
CITY - ST - ZIP	MIAMI FL-33111	NTAMI F1. 2312	2.4 CITY-ST			
TITLE		DELETE	3.1 THLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP	<u> </u>	Doutt	3 4. CITY - ST	T-ZIP		Obarra Addition
TITLE		☐ DELETE	4.1 MILE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A			
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST- 5.1 TITLE	-2114		Change Addition
NAME		— ••	5.2 NAME			F-1 01/4//9
STREET ADDRESS	i 		5.3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET A	ADDRESS		
CITY-ST-ZIP	L		64 C/TY-ST	- ZIP		
14. I do hereb	by certify that the information supplies indicated for this annual report of	nlied with this filing does not quot supplemental annual report.	ualify for the exent is true and accur	nption stated	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal	. I further certify that the effect as if made under eath: that
l am an of appears ir	fficer or director of the corporation in Block 12 block 13 if changed.	or the receiver or trusted emp I, or on an attlichment with an	powered to execu address?	ute this repor	t my signature shall have the same legal rt as required by Chapter 607, Florida Sta	atutes, and that my name