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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072620

1. Corporation Name

SOLID ROCK INVESTMENTS CORPORATION

Principal Place of Business								
Principal Place of Busine 3785 NW 82ND AVENUE	STE							

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90213 027 ***158.75



Principal Place	of Business		Mailing Address _				-		FIBIL BOIL FOOT
3785 NW 82ND AVENUE STE 312 3785 NW 82ND AVENUE STE 312 MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE				
			•				3. Date Incorporated or Qualifed		
							08/30/1996		
2. Principal Pl	ace of Business		2a. Mailing Address				4. FEI Number	Apr	olied For
21 7415	SW 144	⊢	6 9415	SW	1	44 ST	65-0690473	- Not	Applicable
Suite, Apt.		3/ 	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	/	\$8.75 A	dditional
22		2	7				5. Certifcate of Status Desired	Fee Rec	quired
City & State	ر		City & State				6. Election Campaign Financing	\$5.00	May Be
23 /11	an, FC	2	B MIAMI	FC	_	_	Trust Fund Contribution	Added to	
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year le		_
24 331	74 25	2	9 33/76	30			Personal Property Tax.		□No
	9. Name and Address	of Current Re	gistered Agent				10. Name and Address of New Registered	1 Agent	
1.500	ODE ANTHONY TIESO				81	Name			
	ORE, ANTHONY T ESQ				82 Street Address (P.O. Box Number is Not Acceptable)				
	IS SW 5TH CT BROKE PINES FL 3302	n					<u> </u>		
PEM	DRUNE PINES PL 3302	9	•		83				1
					84	City		85 Zip C	Code
]	-		L	
office or re	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of Flu	orida. Such change wa	is authorized	i by ti	-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i ointment as rec	registered gistered
SIGNATURE									
	Signature, typed or printed name of r				Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC IN 12
12.	DPS	ICERS AND DI	DELETE	13. 1.1 Til	n c		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE								A change	
NAME	EDEN, ADIB JR. 8785 NW 82ND AVE N	HE OTE 240	_	1.2 NA			1415 SAL 144 CT		
STREET ADDRESS		OC OIC OIC				ADDRESS 7	1415 SW 144 ST	3 /-	-
CITY-ST-ZIP	-MIAMI FL		☐ DELETE		TY-\$T-	-217	17AM1 , PC 331	☐ Change	Addition
TITLE				2.1 M			•		
NAME						4BBB500			1
STREET ADDRESS		-	-	F .		ADDRESS	المراوعة المهارين المتعالم المراوعة المراوعة المالية	4 July 200	-
CITY-ST-ZIP			☐ DELETE		ITY-ST	-217		☐ Change	Addition
TITLE				3.2 N				_ •	_
NAME						ADDRESS			
STREET ADDRESS									
CITY-ST-ZIP		,,,,,	☐ DELETE		ity-st Tle	-2,15		Change	Addition
NAME				4.2 N					_
[ADDDECC			
STREET ADDRESS				•		ADDRESS	·		ļ
CITY-ST-ZIP TITLE			☐ DELETE		TY-ST- TIF	-41F		Change	Addition
			_ 500210	5.2 NA					_
NAME						ADORESS			
STREET ADDRESS				4	TY-ST	ξ			
CITY-ST-ZIP			☐ DELETE					☐ Change	Addition
NAME	位置外的证明的		_ 222212	6.2 N			•		_
': '						ADDRESS			j
STREET ADDRESS					TY-ST-				
CITY-ST-ZIP					•1				

14. I 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 and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRATTED NAME OF SIGNING OFFICER OR DIRECTOR