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 # **P96000088890**1. Corporation Name

SOLA ENTERPRISES OF SOUTH FLORIDA, INC.

						<u>-</u>			1814) 99 4) 1 99 1
Principal Plac	e of Business	Mailing Ad	idress						
24365 SW 127 AVE. P.O. BOX 4197									
PRINCETON FL 33032			PRINCETON FL 33092			DO NOT WRITE IN THIS SPACE			
US								SPACE	·
						 Date Incorporated or Quality 10/28/1996 	rea		
2. Principal P	Place of Business	2a. Mailing	Address	•		4. FEI Number		Ap	plied For
21		26		•		65-0713499	•	No	t Applicable
Suite, Apt.	. #, etc.		Apt. #, etc.					\$8.75	Additional
22		27		2		5. Certifcate of Status Desire	. .	Fee Re	quired
City & Stat	te	City &	State			6. Election Campaign Financi	ng —	\$5.00	May Be
23		28	•	·		Trust Fund Contribution	g 🗀	Added t	, ,
Zip	Country	Zip		Country	1	8. This corporation owes the	current year Inte	angible	
24	25	29	30]		Personal Property Tax.	-	Yes	□No
	9. Name and Address of	of Current Registered A	gent	<u>' .</u>		10. Name and Address of Ne	w Registered	Agent	
	Mark the Mark	JAMADADIC J		81	Name				
SOL	A, CARL F	and the state of the state of	•	<u> </u>		/O O D N			
3UL 2430	65 SW 127 AVE.	24年代以際公司。	, 1	82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
PRIN	NCETON FL 33032			83	 	· 包括技术的数	1 & 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	机设施设施	15/16/25/3 (5/8)
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				84	City		E I	85 Zip (Code
320c - 50 - 595	B 10	01.60			L		<u>Г L</u>	<u> </u>	to mintored
11. Pursuant	to the provisions of Sections registered agent, or both, in t	607.0502 and 607.1508 he State of Florida. Such	, Florida Statutes, change was auth	tne abov orized by	e-named corp the corporation	oration submits this statement for on's board of directors. I hereby a	cept the appoir	ntment as re	gistered
agent. I a	am familiar with, and accept t	he obligations of, Section	ı 607.0505, Florida	Statutes	i.	,			
SIGNATURE	•					<u> </u>			
	Signature, typed or printed name of re-				nt signature require	d when reinstating)	DATE		
12.		CERS AND DIRECTORS		13.	· · · · · ·	ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	DP .		☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ Change	Addition
NAME	SOLA, CARL F		Ī	1.2 NAME	-				
STREET ADDRESS				1.3 STREE	T ADDRESS				.
CITY-ST-ZIP	PRINCETON FL 33032			1.4 CITY+S	T-ZIP				·
TITLE	DS .		□ DELETE						
NAME	VILLAZON-SOLA, NANO	NV :		2.1 TITLE		******		☐ Change	Addition
STREET ADDRESS	0400F 0141 407 41/F	JΥ		2.1 TITLE 2.2 NAME		h 4. W - T - ,		Change	Addition
CITY-ST-ZIP		ν		2.2 NAME	T ADDRESS			Change	Addition .
TITLE	PRINCETON FE 33032		∴ • • • • • • • • • • • • • • • • • • •	2.2 NAME 2.3 STREE				Change	Addition
NAME (PRINCETON FL 33032		DELETE	2.2 NAME				☐ Change	Addition Addition
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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 repetiver or flustee empowered to execute his 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90019 043 ***150.00