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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000097285

1. Corporation Name

SOLANA TRADING OF FLORIDA, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90008 013 ***150.00

| Principal Plat 6568 N.W. 338 BOCA RATON | | Mailing Address 6568 N.W. 33RD AVE. BOCA RATON FL 33496 | | | | DO NOT WRITE 3. Date Incorporated or Qualifed 11/21/1996 | | , | |
|--|--|--|--|--|---|--|--------------|----------|--|
| 2. Principal F | Place of Business | 2a, Mailing Address | | | | 4. FEI Number | | - 1 T | |
| · · | W. ATLANTIC BIUD | 26 | | | | 65-0708916 | | \vdash | Applied For |
| Suite, Apt | . #, etc. | Suite, Apt. #. etc. | | | | 05 0700910 | | | Not Applicable 5 Additional |
| 22 54 | Te 209 | 27 | | | | 5. Certifcate of Status Desired | | | Required |
| City & Sta | · () , | City & State | | | | 6. Election Campaign Financing | | | 0 May Be |
| 23 Yum | | 28 | | | | Trust Fund Contribution | | | ed to Fees |
| Zip | Country | Zip | Cor | ıntry | | 8. This corporation owes the curre | nt year Inta | ingible | |
| 24 330 | | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | nt Registered Agent | | <u> </u> | | 10. Name and Address of New R | egistered / | Agent | |
| HCF | RM CORP. | | | 81 | Name | | | | . 1 |
| 2200 CORPORATE BLVD., N.W. SUITE 401 | | | | 82 | Street Ad | t Address (P.O. Box Number is Not Acceptable) | | | |
| | CA RATON FL 33431 | IIL 701 | | \sqcup | | | , | | |
| | 57. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zi | p Code |
| | | | | 1 1 | • | | FL | 1 | · |
| 11. Pursuant | to the provisions of Sections 607.050 registered agent, or both, in the State | 02 and 607.1508, Florida Stat | utes, the al | bove- | named co | rporation submits this statement for the ption's board of directors. I hereby accept | ourpose of | changing | its registered |
| | im familiar with, and accept the obliga- | -ti | addionzed | | ne corpora | uon's board of directors, i nereby accept | ine appoin | ument as | registerea |
| agent. ra | in termial with, and accept the obliga | ations of, Section 607.0505, F | lorida Stati | utes. | | The second secon | | | |
| agent. I a SIGNATURE | | ations of, Section 607.0505, F | lorida Stati | utes. | | • | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NO | IONGA State | utes. | | ired when reinstating) | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered age | and title if applicable. (NO DIRECTORS | TE: Registered | Agent | | ired when reinstating) ADDITIONS/CHANGES TO OFF | | | |
| SIGNATURE 12. | Signature, typed or printed name of registered age OFFICERS AN | ent and title if applicable. (NO | TE: Registered 13. | Agent : | | | | D DIRECT | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered age OFFICERS AND RHODES, GERALD L | and title if applicable. (NO DIRECTORS | TE: Registered 13. 1.1 TII 1.2 NA | Agent : | signature requi | | | | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AND D RHODES, GERALD L 6568 N.W. 33RD AVE. | and title if applicable. (NO DIRECTORS | TE: Registered 13. 1.1 TII 12 NA 1.3 ST | Agent : TLE WME REET A | signature requi | | | | |
| SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AND RHODES, GERALD L | and the if applicable. (NO DIRECTORS | 13. 1.1 TII 12 NA 1.3 ST 1.4 CII | Agent : TLE WE REET A | signature requi | | | ☐ Chang | e Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AND D RHODES, GERALD L 6568 N.W. 33RD AVE. | and title if applicable. (NO DIRECTORS | 13. 1.1 TII 12 NA 1.3 ST 1.4 CII 2.1 TII | Agent : TLE WME REET A TY-ST | signature requi | | | | e 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 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 of an attachment with an address, with an other life empowered.

SIGNATURE:

954-944-2446