

5-5-98 06398c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF REVENUE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P97000076196 (9)

1. Corporation Name
SOLAJI GROUP, INC.

Principal Place of Business 9521 FONTAINEBLEAU BLVD SUITE 221 MIAMI FL 33172	Mailing Address 9521 FONTAINEBLEAU BLVD SUITE 221 MIAMI FL 33172
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1997	
21		26		4. FEI Number 65-0781905	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

JOASIL, ABEL
9521 FONTAINEBLEAU BLVD
SUITE 221
MIAMI FL 33172

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOASIL, ABEL	1.2 NAME	JOASIL, ABEL
STREET ADDRESS	9521 FONTAINEBLEAU BLVD	1.3 STREET ADDRESS	9521 FONTAINEBLEAU BLVD, SUITE 221
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYRIQUE, CLAREL	2.2 NAME	
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, PAUL	3.2 NAME	
STREET ADDRESS	2036 2ND AVE SUITE 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10029	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARISSE, MARC G	4.2 NAME	
STREET ADDRESS	6 GENERAL LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILINGBORO NJ 08046	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JEAN HANCY BAPTISTE, JEAN HANCY
STREET ADDRESS		5.3 STREET ADDRESS	9617 NW 7TH CIRCLE SUITE 318
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with an address.

SIGNATURE: Abel Joasil ABEL JOASIL 4/25/98 1303223-9805

CR2E034 (10/97)