

APPLICATION FOR **[REDACTED]**
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAR 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004790
 1. Corporation Name
SOL Enterprises, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address
 21 9601 Collins Avenue 26 150 Alhambra Circle, Suite 1270
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Unit 606 27
 City & State City & State
 23 Bal Harbour FL 28 Coral Gables FL
 Zip County Zip County
 24 33154 25 USA 29 33134 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 1/15/1999
 4. FEI Number Applied For
 65-0887404 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 Jose A. Rodriguez
 777 Brickell Avenue, Suite 950
 Miami, FL 33131

10. Name and Address of New Registered Agent
 81 Name Jose Rodriguez
 82 Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle, Suite 1270
 83
 84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 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 *Jose Rodriguez* by T. Baez as attorney-in-fact DATE 3/17/03
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D <input type="checkbox"/> DELETE Bernardo Neustadt 9601 Collins Avenue Unit 606 Bal Harbour FL 33154	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500014453245 03/24/03--01009--026 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P, S, D <input type="checkbox"/> DELETE Claudia Cordero Biedma de Neustadt 9601 Collins Avenue Unit 606 Bal Harbour FL 33154	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02-03 MAR 18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, or on attachment with an address.

SIGNATURE *Bernardo Neustadt* by T. Baez as attorney-in-fact DATE 3/17/03 DAYTIME PHONE 305-672-0686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

payor

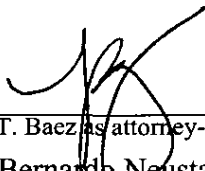
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: SOL Enterprises, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:  _____
by T. Baez as attorney-in-fact
Name: Bernardo Neustadt
Title: President
Date: 3/17/03