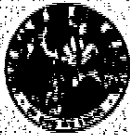


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 11 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S17977 (7)

1. Corporation Name

SOLAR FINANCIAL & LEASING COMPANY OF AMERICA, I
NC.

Principal Place of Business

1001 S. BAYSHORE DR.
MIAMI FL 33131

Mailing Address

1001 S. BAYSHORE DR.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/07/1990

3a. Date of Last Report
03/03/1994

4. FEI Number
65-0236479

Applied For
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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 SUITE #1906
23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 SUITE #1906
28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
PENTHOUSE, ATICO FINANCIAL CENTER
200 SE FIRST ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
PINE FINANCIAL SERVICES
82 Street Address (P.O. Box Number is Not Acceptable)
1001 S. BAYSHORE DRIVE
83 SUITE #1906
84 City MIAMI FL 85 Zip Code 33131

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

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

MARCIA PINHEIRO

7/7/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ESPINOSA, HEBERTO R. C.
STREET ADDRESS 1001 S BAYSHORE DR.
CITY - ST - ZIP MIAMI FL

TITLE D
NAME PINHEIRO, MARCIA P.
STREET ADDRESS 1001 S BAYSHORE DR.
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS MARIA DE LOURDES RODRIGUEZ
1.4 CITY - ST - ZIP 1001 S. BAYSHORE DRIVE
MIAMI, FL. 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

Marcia Pinheiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA PINHEIRO

6/22/95

(305) 577-8991

Date

Daytime Phone

CR2E034 (3/95)