

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S17977 (7)

1. Corporation Name

SOLAIR FINANCIAL & LEASING COMPANY OF AMERICA, INC.



Principal Place of Business

Mailing Address

1001 S. BAYSHORE DR.
STE 1906
MIAMI FL 33131
US

1001 S. BAYSHORE DR.
STE 1906
MIAMI FL 33131
US

3. Date Incorporated or Qualified
12/07/1990

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 1001 S. Bayshore Dr.

26 1001 S. Bayshore Dr.

4. FEI Number
65-0236479

Applied For
Not Applicable

22 Suite # 1910

27 Suite # 1910

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33131 Country U.S.A.

29 33131 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINE FINANCIAL SERVICES
1001 S BAYSHORE DR
STE 1906
MIAMI FL 33131

81 Name: Pine Financial Services (same)
82 Street Address (P.O. Box Number is Not Acceptable)
1001 S. Bayshore Dr.
83 Suite # 1910
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
DE LOURDES, RODRIGUEZ MARI
STREET ADDRESS
1001 S BAYSHORE DR
CITY-STATE-ZIP
MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

Marcia P. Pinheiro 1/25/96 (305) 577-8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)