FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S17977

(7)

SOLAIR FINANCIAL & LEASING COMPANY OF AMERICA, I

FILED
Apr 02 1998 8:00am
Secretary of State

NC.					
Principal Place	e of Business	Mailing Address		- T COMPANIE AND 19644 CONTROL HOST AND 18617 1860 A NOTA	81814 01011 01011 0FD11 8(011 1841
1001 S BAYS		1001 S.BAYSHORE DR			
SUITE 1910	TIONE ON	SUITE 1910			
MIAMI FL 331	31	MIAMI FL 33131		DO NOT WRITE IN TI	HIS SPACE
US		US		3. Date Incorporated or Qualified	
				12/07/1990	
2, Principal P	lace of Business	2a. Mailing Address	-IL Day A	4, FEI Number	Applied For
21 1001	DUCCEN Day Dr.	26 1001 brich	-11 Boy Par	65-0236479	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	11/2	5. Certificate of Status Desired	\$8.75 Additional
22 501	re Prio	27 Svite# 19		 	Fee Required
	imi, FC	City & State	FC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ^{ip} 2 12 1	Country	8. This corporation owes or has paid the	/
24 331	31 25 U.S.A.	29 33131 30	U.S.A	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	_	10. Name and Address of New Registe	red Agent
	IE FINANCIAL SERVICES		81 Name		
1001 S. BAYSHORE DR.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE #1910 MIAMI FL 33131			83		
MIL	(HI (E 00 10 1				
			84 City	ſ	EL 85 Zip Code
11. Pursuant to the provisions of Soctions 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
SIGITATIONE	Signature, typed or printed nation of registered against		gistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TALE		Change Addition
NAME	DE LOURDES, RODRIGUEZ MA	\RI	1.2 NAME		5
STREET ADDRESS	1001 S BAYSHORE DR		1.3 STREET ADDRESS		ָנֻ עַ
CITY - ST - ZIP	MIAMI FL		1.4 CITY-SI-ZIP		j
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition C
NAME	PINHEIRO, MARCIA P.		2.2 NAME		İ
STREET ADDRESS	1001 S BAYSHORE DR.	1	2.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE		L] DELETÉ	3 1 THLE		Change Addition
NAME			3.2 NAME		1
STREET ADDRESS		1	3.3 STREET ADDRESS		Í
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		L] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		ļ	5 3 STREET ADDRESS		
CITY-ST-ZIP		<u>.</u>	5.4 CITY-ST-7IP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		į	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-S1-ZIP		
I 44 Iberebue	artify that the information supplied will	s this filing done not qualify for th	a avamutian elalad in 9	Section 119 07/30i) Florida Statutos I furtho	ir cortify that the information 1

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 occurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation of the requiveror 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 appear of the required by Chapter 607.

Margin D. Pinhair

2/20/98 (200577-8991