

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S39068 (9)
1. Corporation Name
SOLUTION SPECIALTIES, INC.



Principal Place of Business
3487 N.W. 167TH STREET
MIAMI FL 33056

Mailing Address
3487 N.W. 167TH STREET
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3400 N.W. 151st terr
Suite, Apt. #, etc.
22 MIAMI FLA.
City & State
23
Zip Country
24 33054 25 DADE
2a. Mailing Address
26 3400 NW 151st terr
Suite, Apt. #, etc.
27 MIAMI FLA
City & State
28
Zip Country
29 33054 30 DADE

3. Date Incorporated or Qualified
03/18/1991
4. FEI Number
65-0252249
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUIRRE, RAUL
3487 N.W. 167TH STREET
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name
AGUIRRE, RAUL
82 Street Address (P.O. Box Number is Not Acceptable)
5444 NW 204th
83 MIAMI FL
84 City
FL 85 Zip Code
33055

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	AGUIRRE, RAUL	
STREET ADDRESS	5444 NW 204TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOLIS, JOSE L.	
STREET ADDRESS	1035 OPA LOCKA BLVD	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SOLIS, MAURILIO	
STREET ADDRESS	1200 SHARRAR AVENUE	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

1-6-1998 (305) 2695350

CR2E034 (10/97)