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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V16478 (2)

1. Corporation Name
SOLARTE - CHARA, INC.



Principal Place of Business
177 E. BAYRIDGE DR.
FT. LAUDERDALE FL 33326
US

Mailing Address
177 E. BAYRIDGE DR.
FT. LAUDERDALE FL 33326-3530
US

3. Date Incorporated or Qualified 02/25/1992
3a. Date of Last Report 04/25/1996

2. Principal Place of Business
21 177 E. Bayeidge Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 177 E. Bayeidge Dr.
Suite, Apt. #, etc.

4. FEI Number 65-0313867
Applied For Not Applicable

22 City & State
23 Weston, Florida

27 City & State
28 Weston, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33326
25 Country US

29 Zip 33326
30 Country US

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
TEPERMAN, GARY
PARK CENTRE WEST
55 WESTON ROAD, SUITE #302
FT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 D ☐ DELETE
NAME SOLARTE, YOLANDA P.
STREET ADDRESS 177 E. BAYRIDGE DR.
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE D ☐ DELETE
NAME SOLARTE, SIGIFREDO
STREET ADDRESS 177 E. BAYRIDGE DR.
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 04-10/97 (954) 349-1311

CR2E034 (9/96)