

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V24284**

(4)

1. Corporation Name

SOL GLOBAL INC.

Principal Place of Business

**2 S. BISCAYNE BLVD.
STE 3390
MIAMI FL 33170
US**

Mailing Address

**2 S. BISCAYNE BLVD.
STE 3390
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
03/13/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FFI Number
65-0321959

Applied For
Not Applicable

Subs. Apt. # etc.

Subs. Apt. # etc.

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

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

\$5.00 May Be Added to Fees

24 33131

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARPER, ANTHONY
10794 SOUTHWEST 88TH STREET
SUITE B-2
MIAMI FL 33170**

81 Name **HARPER ANTHONY**

82 Street Address (P.O. Box Number is Not Acceptable)

9475 S.W. 154 CT

83

84 City **MIAMI**

FL

85 Zip Code **33196**

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 of Registered Agent or authorized agent for the Registered Agent)

(Signature of Registered Agent or authorized agent for the Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PT**
NAME **HARPER, ANGELA**
STREET ADDRESS **10794 SW 88TH STREET, APT B-2**
CITY, ST, ZIP **MIAMI FL**

1.1 TITLE **PRESIDENT PT.** ☒ Change ☐ Addition
1.2 NAME **HARPER, ANGELA**
1.3 STREET ADDRESS **9475 S.W. 154 CT**
1.4 CITY, ST, ZIP **MIAMI FL 33196**

2. TITLE **VPS**
NAME **HARPER, ANTHONY**
STREET ADDRESS **10794 SW 88TH STREET, APT B-2**
CITY, ST, ZIP **MIAMI FL**

2.1 TITLE **VPS** ☒ Change ☐ Addition
2.2 NAME **HARPER, ANTHONY**
2.3 STREET ADDRESS **9475 S.W. 154 CT**
2.4 CITY, ST, ZIP **MIAMI FL 33196**

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), 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. I am an officer or director of the corporation or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **ANGELA HARPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-1995 (305) 380-7444