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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V49960

SOLMANN, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6585 NW 36TH ST 6595 NW 36TH ST **STE 113** STE 113 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 07/13/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0349240 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOLORZANO, BEATRIZ 15045 SW 57TH TER 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33183 33193 83 84 City 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 Agont signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition SOLORZANO, BEATRIZ NAME 12 NAME 15045 SW 57TH TER 1.3 STREET AODRESS STREET ADDRESS MIAMI FL 33183 33193 CITY-ST-ZIP 1.4 CITY-ST-7IP Addition TITLE Change 2.1 TITLE LEBURN, RENATE NAME 2.2 NAME 661 SANDLEWOOD LANE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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. fologowo

SIGNATURE: *

DH-18-98