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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996 (3)DOCUMENT # J05706

Principal Place o	SAL INVESTMENTS UNLI	MITED, INC.  Mailing Address				
1221-71 ST		1221-71 ST				
MIAMI BCH. F	L 33141-0647	MIAMI BCH. FL 33141	-0647			
				3. Date Incorporated or Qualified 03/25/1986	3a. Date of La 08/21/	/1995
2. Principal Plac	ce of Business	2a, Mailing Address		4. FEI Number		Applied For
1	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	56		59-2679635	60	Not Applicable  3.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	+-	Fee Required
2		City & State		6. Election Campaign Financing		5.00 May Be
City & State		28		Trust Fund Contribution	T .	Added to Fees
Zip	Country	7 <sub>(p</sub>	Country	8. This corporation has liability for	intangible tax und	der s. 199.032,
4	25	29	30	1.4.4.	No.	4
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	Registered Agen	<u>it</u>
			81 Name			
JONAS, DANIEL E., ESQ.			82 Street Ad	dress (P.O. Box Number is Not Acceptal	ple)	
300-71ST ST., SUITE 210			63			
MIAMI BI	EACH FL 33141					<del></del>
			84 City		FL 85	Zip Code
SIGNATURE	Signature, typed or pointed name of registered ag	and the second of the second of the second of				
12.		ent and otte if applicable (fi AND DIRECTORS	©TE: Registered Agent signature req. 13.	uirad when reinstating) ADDITIONS/CHANGES TO OFI		
	OFFICERS A				FICERS AND DIRE	ECTORS IN 12 lange Addition
TITLE	OFFICERS A PD CHEHEBAR, GABRIEL	AND DIFECTORS	13. 1.110LE 1.2 NAME		FICERS AND DIRE	
TITLE NAME	PD CHEHEBAR, GABRIEL 1221 71ST ST.	AND DIFECTORS	13. 1. 1 TILLE 1.2 NAME 1.3 STREET ADDRESS		FICERS AND DIRE	
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Loo hereby certify that the information supplied with this lifting is voluntarily furnished and does not qualify for the exemption stated in section 1190/(s)(k), Fronca Statutes. Turner 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 mode under cath; 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:

ROSY CHEHERAR 4 296