

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S23291 (5)**
1. Corporation Name
SALTO 44 CORP.



Principal Place of Business: **10290 N.W. 9TH STREET CIRCLE, APT. 211 MIAMI FL 33172-3218**
Mailing Address: **10290 N.W. 9TH STREET CIRCLE, APT. 211 MIAMI FL 33172-3218**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Subs., Apt., #, etc.					Subs., Apt., #, etc.				
City & State					City & State				
Zip		County			Zip		County		

3. Date Incorporated or Qualified	3a. Date of Last Report
01/08/1991	03/31/1995
4. FEI Number	Applied For
65-0262102	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, this 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. Thereby, we accept the appointment as registered agent. I am familiar with and I accept the duties imposed by Sections 199.031 and 199.032, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	DE CARRASQUERO, ALIDA S.	
STREET ADDRESS	10290 N.W. 9TH ST. CIR., APT. 211	
CITY, ST., ZIP	MIAMI, FL	
TITLE	ST	<input type="checkbox"/> DELETED
NAME	CARRASQUERO, ANGEL	
STREET ADDRESS	10290 N.W. 9TH ST. CIR., APT. 211	
CITY, ST., ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> DELETED
NAME	DE CARRASQUERO ALIDAS	
STREET ADDRESS	9755 N.W. 52 ST. # 413	
CITY, ST., ZIP	MIAMI, FL 33178	
TITLE	ST	<input type="checkbox"/> DELETED
NAME	CARRASQUERO, ANGEL	
STREET ADDRESS	9755 N.W. 52 ST. # 413	
CITY, ST., ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST., ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST., ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST., ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this report was true and correct, 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 trustee or partner or owner of the corporation as reported by Chapter 603, Florida Statutes, and that my name appears in Book 12 or Book 13 of County Clerk's Office in all instances.

SIGNATURE: _____ DATE: **4-9-96** **5992280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)