

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051023 (7)

1. Corporation Name:
THE SALAZAR GROUP, INC.



Principal Place of Business 11241 SW 7TH TERR. MIAMI FL 33174	Mailing Address 11241 SW 7TH TERR. MIAMI FL 33174-1176
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3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0503481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 15453 SW 95th Lane Suite, Apt. #, etc. 22 n/a City & State 23 miami, FL Zip 24 33196	2a. Mailing Address 26 13800 SW 8th Str. Suite, Apt. #, etc. 27 # 388 City & State 28 miami, FL Zip 29 33184	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

SALAZAR, CARLOS R
11241 SW 7TH TERR.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name same
82 Street Address (P.O. Box Number is Not Acceptable) 15453 SW 95th Lane
83
84 City miami
85 Zip Code FL 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 **Marta M. Villaverde-Salazar** DATE **4/17/97**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAZAR, CARLOS R		1.2 NAME	
STREET ADDRESS 11241 SW 7TH TERR.		1.3 STREET ADDRESS 15453 SW 95th Lane	
CITY-ST-ZIP MIAMI FL 33174		1.4 CITY-ST-ZIP miami, FL 33196	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAZAR, NELSON M		2.2 NAME Salazar, marta v.	
STREET ADDRESS 11241 SW 7TH TERR.		2.3 STREET ADDRESS 15453 SW 95th Lane	
CITY-ST-ZIP MIAMI FL 33174		2.4 CITY-ST-ZIP miami, FL 33196	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAZAR, MARTA V		3.2 NAME	
STREET ADDRESS 11241 SW 7TH TERR.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33174		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 305 387-1668

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