

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

0263627

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90064 012 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000051023**

1. Corporation Name  
**THE SALAZAR GROUP, INC.**



Principal Place of Business: 12350 SW 132ND CT, 208, MIAMI FL 33186, US

Mailing Address: 13800 SW 8TH ST, #388, MIAMI FL 33184, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Same

2a. Mailing Address: 26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25 Country

29 Zip Country

30 Country

3. Date Incorporated or Qualified: 07/11/1994

4. FEI Number: 65-0503481 Applied For: Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent

SALAZAR, CARLOS R  
 12350 SW 132 CT  
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Same

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

83

84 City: FL 85 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]* Vice-President DATE: 1/12/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALAZAR, CARLOS R	
STREET ADDRESS	12350 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SALAZAR, MARTA V	
STREET ADDRESS	12350 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	KARNER, KATHERINE	
STREET ADDRESS	12350 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SALAZAR, LUIS	
STREET ADDRESS	12350 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TS Luis Salazar
3.3 STREET ADDRESS	12350 sw 132 ct.
3.4 CITY-ST-ZIP	miami, fl 33186
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Carlos R. Salazar
4.3 STREET ADDRESS	12350 sw 132 ct.
4.4 CITY-ST-ZIP	miami, fl 33186
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Vice-President DATE: 1/12/99 DAYTIME PHONE #: 305-234-4272

CR2E034 (1/198)