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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000020985
1 Corporation Name	

SALVAGE MASTERS, INC.

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90107 030 \*\*\*150.00



					•	{	40118 (1707 00118 1818) 30101 0711 1801
Principal Place o	of Business	М	ailing Address				
1337 N.W. 7TH	AVE.		337 N.W. 7TH AVE.				•
#AMI FL 33168		MIAMI FL 33168				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 03/05/1998.	
2. Principal Plac	ce of Business	2a	Mailing Address			4.65.90-55.04	Applied For
1	•	26				00-004501	
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	-	Zip	Country	*	8. This corporation owes the current year	r Intangible
ا آ	25	29	30			Personal Property Tax.	Yes □No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Apent			
DEEAG	NO IOEI			81	Name		,
DEFABIO, JOEL 2121 PONCE DE LEON BLVD.			82	Street Address (P.O. Box Number is Not Acceptable)			
STE. #430 CORAL GABLES FL 33134		83					
CORA	L GADLES FL 33134			84	City	·	EL 85 Zip Code
office or rea	the provisions of Sections 607.05 istered agent, or both, in the Stat familiar with, and accept the oblig	e of Flori	da. Such change was author	ized by	tne corpora	rporation submits this statement for the purpos- tion's board of directors. I hereby accept the a	e of changing its registered opointment as registered
SIGNATURE _			Alore B	4		ired when reinstating) DATE	<del></del>
SI	gnature, typed or printed name of registered a	gent and title	n applicable (NOTE: Ragis	sranara Wölel	n signature requi	nan what rantarand)	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE FABUL, ALBERTO 1.2 NAME NAME 11337 N.W. 7TH AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33168 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE D 7 2.1 TITLE TITLE HOULLOU, ELIAS 2.2 NAME NAME 11337 N.W. 7TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33168** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change DVP 3.1 TITLE TITLE TVAN DAVID DEIVALLE 3.2 NAME NAME 455 E 98 t 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.