

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

APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAR -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320037 (5)
1. Corporation Name
SALOMON TRAJES CORP

Principal Place of Business Mailing Address
1128 W. FLAGLER ST. 1128 W. FLAGLER ST.
MIAMI FL 33130 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1967 3a. Date of Last Report 02/18/1994
4. FEI Number 59-1170685 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TORREIRO, MARIA C.
220 MIRACLE MILE, STE. 223
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	MIROCHNIK, ELSA	1.2 NAME	
STREET ADDRESS	1701 SW 23RD TERR	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	1.4 CITY- ST- ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MAURA	2.2 NAME	
STREET ADDRESS	2050 N W 5TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	2.4 CITY- ST- ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	MIROCHNIK, SALOMON	3.2 NAME	
STREET ADDRESS	1701 SW 23RD TERR	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 block is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salomon Mirochnik 3-10-95 545-5905