FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 320037 (5)

1. Corporation Name
SALOMON TRAJES CORP

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

Mailing Address
1128 W. FLAGLER ST.
MIAMI FL 33130

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/17/1967
3a. Date of Last Report: 03/07/1995
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. [X] Yes [ ] No

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: LEAL & ROS
82 Street Address (P.O. Box Number is Not Acceptable): 220 MIRACLE MILE, SUITE 218
83 CORAL GABLES, FLORIDA 33134
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Leal & Ros · Leonor Leal 1-22-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	[ ] DELETE
NAME	MIROCHNIK, ELSA	
STREET ADDRESS	1701 SW 23RD TERR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DVP	[ ] DELETE
NAME	FERNANDEZ, MAURA	
STREET ADDRESS	2050 N W 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DP	[ ] DELETE
NAME	MIROCHNIK, SALOMON	
STREET ADDRESS	1701 SW 23RD TERR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME	400001750524	
3 STREET ADDRESS	03/27/96 01009--025	
3 CITY-ST-ZIP	****200.00	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	M.M.	[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS	3-18-96	
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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.

SIGNATURE: SALOMON MIROCHNIK 02/12/96 5455905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)