

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 453393

(1)

1. Corporation Name

SALUS CORPORATION



Principal Place of Business

PO BOX 056035
P.O. BOX 056035
W PALM BCH FL 33405
US

Mailing Address

PO BOX 056035
P.O. BOX 056035
W. PALM BCH FL 33405
US

3. Date Incorporated or Qualified

05/20/1974

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1525283

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, ALFREDO J.
112 BLOOMFIELD DRIVE
WEST PALM BEACH FL 33405

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 the registered agent, acceptable

Printed Name of Agent Submitting Report when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SANCHEZ, ALFREDO J	
STREET ADDRESS	112 BLOOMFIELD DRIVE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	S	☐ DELETE
NAME	SANCHEZ, RITA T	
STREET ADDRESS	112 BLOOMFIELD DRIVE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	D	☐ DELETE
NAME	SANCHEZ, ALFREDO J	
STREET ADDRESS	112 BLOOMFIELD DRIVE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	D	☐ DELETE
NAME	SANCHEZ, RAFAEL E JR	
STREET ADDRESS	108 EDMOR ST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VT	☐ DELETE
NAME	SANCHEZ, RAFAEL E JR	
STREET ADDRESS	108 EDMOR ST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/96

407/5FF-6317

CR2E034 (12/95)