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FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

05/20/1974

3a. Date of Last Report

08/22/1996

4. FEI Number

69-1525283

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

9. Name and Address of Current Registered Agent

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

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 reinstating)

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

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 registered agent empowered to execute this report as required by Chapter 807, 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

4/24/97

Date

Daytime Phone #

0621845

CR2E034 (9/96)