

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754286 (3)
1. Corporation Name
SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 251-172ND STREET MIAMI BEACH FL 33160	Mailing Address 251-172ND STREET MIAMI BEACH FL 33160-3437
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 02/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2190433	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRANCES SALUTO
251 172ND ST.
MIAMI BCH. FL 33160**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **FRANCIS SALUTO** *Francis Saluto* **2/13/97**
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	<input type="checkbox"/> DELETE
NAME	SALUTO, FRANCES 'FANNY'	
STREET ADDRESS	251 - 172ND ST. #125	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRASNICK, ARTHOR	
STREET ADDRESS	950 NW 199 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEREZ, JOSEPH	
STREET ADDRESS	251 172ND ST #109	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAPOTE, DELIA	
STREET ADDRESS	253-172 OT #203	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, LARRY	
STREET ADDRESS	251-172ST #206	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUGLIERO, VINCENT	
STREET ADDRESS	253-172 OT #306	
CITY - ST - ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOSEPH PEREZ** *Joseph Perez* **2/13/97 305-947-6063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031478

CR2E037 (9/96)