


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date Incorporated or Qualified <b>09/23/1980</b>	Applied For Not Applicable
4. FEI Number <b>59-2190433</b>	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
26. Zip	29. Country
27. Zip	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	<b>FL</b> 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: *Frances Saluto* DATE: **1/8/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>JOHN CORNETT D.</b>
5.3 STREET ADDRESS	<b>P.O. BOX 43 NY MORIN HEIGHTS PQ CANADA J6R1H0</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FRANK GOARINO D.</b>
6.3 STREET ADDRESS	<b>650 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160</b>
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* DATE: **1/8/98** 305-947-6063

CR2E037 (10/97)