FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED

FLORIDA

DOCUMENT # **F28788** **(0)**

1. Corporate Name
SALEMO INVESTMENTS CORP.

Principal Place of Business
20801 BISCAYNE BLVD
446
AVENTURA FL 33180
US

Mailing Address
20801 BISCAYNE BLVD
446
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1981
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2087249 — 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

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

9. Name and Address of Current Registered Agent

SEGAL, PHILIP M.
175 NW 1ST AVE
SUITE 2000
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: Mitchell T. McRae, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
83 2255 Glades Road, Suite 405 East
84 City: Boca Raton, FL 85 Zip Code: 33431

11. Pursuant to the provisions of sections 607.0502 and 617.0502 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 the position.

SIGNATURE [signature] 4/27/95

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	WENDMAN, ELSA
STREET ADDRESS	9292 MEILLUR ST, #600L
CITY-ST-ZIP	MONTREAL, QUEBEC
TITLE	S
NAME	SEGAL, PHILIP M
STREET ADDRESS	175 NW 1ST AVE, #2000
CITY-ST-ZIP	MIAMI FL
TITLE	PDT
NAME	WENDMAN, MORTON
STREET ADDRESS	9292 MEILLUR ST, #600L
CITY-ST-ZIP	MONTREAL, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO — ☐ Change ☐ Addition (blank)

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)(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 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] — April 10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
MORTON WENDMAN