

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F28788** (0)

1. Corporation 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**

3. Date Incorporated or Qualified: **04/07/1981**
3a. Date of Last Report: **05/01/1995**
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 Subst. Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Subst. Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**M CRAE, MITCHELL T
2255 GLADES ROAD, SUITE 405 EAST
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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: *M. T. McRae*

Feb 22/96

12. OFFICERS AND DIRECTORS

12.1 TITLE: <input type="checkbox"/> DELETE	NAME: SD WENDMAN, ELSA
12.2 STREET ADDRESS: 9292 MEILLUR ST, #600L	
12.3 CITY, ST, ZIP: MONTREAL, QUEBEC	
12.4 TITLE: <input type="checkbox"/> DELETE	NAME: SEGAL, PHILIP M
12.5 STREET ADDRESS: 175 NW 1ST AVE, #2000	
12.6 CITY, ST, ZIP: MIAMI FL	
12.7 TITLE: <input type="checkbox"/> DELETE	NAME: POT WENDMAN, MORTON
12.8 STREET ADDRESS: 9292 MEILLUR ST, #600L	
12.9 CITY, ST, ZIP: MONTREAL, QUEBEC	
12.10 TITLE: <input type="checkbox"/> DELETE	NAME: _____
12.11 STREET ADDRESS: _____	
12.12 CITY, ST, ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME: _____
13.3 STREET ADDRESS: _____	
13.4 CITY, ST, ZIP: _____	
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME: _____
13.7 STREET ADDRESS: _____	
13.8 CITY, ST, ZIP: _____	
13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME: _____
13.11 STREET ADDRESS: _____	
13.12 CITY, ST, ZIP: _____	
13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME: _____
13.15 STREET ADDRESS: _____	
13.16 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 or person 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: *Morton Wendman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MORTON WENDMAN**

Feb 22/96

CR2E034 (12/95)