FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Apr 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) SALEMO INVESTMENTS CORP. Principal Place of Business Mailing Address 20001 BISCAYNE BLVD 20801 BISCAYNE BLVD DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180 AVENTURA FL 33180** US 3. Date Incorporated or Qualified 04/07/1981 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2087249 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCRAE, MITCHELL T 2255 GLADES ROAD, SUITE 405 EAST Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 City 84 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 signalure required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE WENDMAN, ELSA NAME 1.2 NAME 1966フ ブレベルスロスセン WOン 9292 MEILLUR ST, #600L 1.3 STREET ADDRESS STREET ADDRESS MONTREAL, QUEBEC CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE SEGAL, PHILIP M NAME 2.2 NAME 175 NW 1ST AVE, #2000 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE 9667 TUENBORZY WAY NAME WENDMAN, MORTON 3.2 NAME 9292 MEILLUR ST, #600L STREET ADDRESS 3.3 STREET ADDRESS MONTREAL, QUEBEC CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

FILED