

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F48708** (4)

1. Corporation Name

SALGAR DELIVERY CORP.



Principal Place of Business

Mailing Address

6013 S.W. 130TH AVE.
MIAMI FL 33183

6013 S.W. 130TH AVE.
MIAMI FL 33183

3. Date Incorporated or Qualified

10/16/1981

3a. Date of Last Report

07/19/1995

2. Principal Place of Business

2a. Mailing Address

21 9515 SW 148 Ave Cir E 26 9515 SW 148 Ave Cir E

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State 27 City & State

23 Miami, Florida

28 Miami, Florida

24 33196 25 Dade 29 33196 30 Dade

9. Name and Address of Current Registered Agent

MARIN, LUIS JAIRO
6013 SW 130TH AVENUE
MIAMI FL 33183

4. FEI Number

59-2132091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name Luis Jairo Marin
82 Street Address (P.O. Box Number is Not Acceptable)
83 9515 SW 148 Ave Circle "E"
84 City Miami, FL 85 Zip Code FL 33196

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 the person signing this statement

Date Registered Agent Signature Accepted

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MARIN, LUIS JAIRO	
STREET ADDRESS	6013 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SDV	<input type="checkbox"/>
NAME	MARIN, LUIS JAIRO	
STREET ADDRESS	6013 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	MARIN, LUIS JAIRO		
13 STREET ADDRESS	9515 SW 148 Ave Cir "E"		
14 CITY-ST-ZIP	Miami, FL 33196	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE	SDV	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	MARIN, MARIA PATRICIA		
23 STREET ADDRESS	9515 SW 148 Ave Cir "E"		
24 CITY-ST-ZIP	Miami, FL 33196	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	100001895591	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	-07/16/96--01184--017		
53 STREET ADDRESS	***225.00		
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 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: *Luis Jairo Marin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Jairo Marin (305) 332-5931

CR2E034 (12/95)