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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # F99206



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90219 011 ***150.00

SALEX PRODUCTS, INC.								
						1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	ELEN ALBIN EVEN BIBLI E	
Principal Place	e of Business	Mailing Address					P(B() 4185) 418() P187) 81	1814 81811 1881
7301 NW 77 ST 7301 NW 77 ST								
MEDLEY FL 33166 MEDLEY FL 33166						DO NOT WOME IN	THE PRACE	
US US						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
0 D 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2					_	09/13/1982		
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For
26 Suite And # sta						59-2219985		t Applicable
_ ` `	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$ 8.75 -A Fee Red	
22 City 0 Cty	27 City & State	the Court						
City & State City & State						6. Election Campaign Financing	\$5.00 i Added to	- 1
28 Zip Country Zip			Country			Trust Fund Contribution	`	J rees
Zip			7	uy		8. This corporation owes the current ye		□No
24	25		(0)			Personal Property Tax. 10. Name and Address of New Regist		- 140
-	9. Name and Address of Curren	r Registered Agent	. 1	31 Name			ereo Agent	
CISNEROS EDWIN S 7301 NW 77 ST				1, 1,4				!
				32 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
MEDIEV EL 00400								.*,.
MEDLET FL 33100			*	33				
	gad a ser ser a g	•	. [8	34 City			85 Zip C	ode
							FL 3 200	
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.								5
· SIGNATURE	CANSUS COMIZA	t-Eddin S.Cisner	725-1	4C-7	adu	vas Sounds	5///47	
	Signature, typed or printed name of registered agen		- -	gent signatur	e required	when reinstating) DA	ITE/	50 111 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PTC	DELETE	1.1 TITU				□l citalige	
NAME	CISNEROS, EDWIN S.		1.2 NAM					
STREET ADDRESS	8701 S.W. 89TH CT.			EET ADDRES	s			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		<u> </u>			
TITLE	VPD. DELETE		2.1 TITLE				Change	☐ Addition
NAME	CISNEROS, EMMA		2.2 NAME					
STREET ADDRESS	8701 S.W. 89TH CT.		2.3 STREET ADDRESS		s			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP					
TITLE	SM DELETE		3.1 TITLE				Change —	
NAME	CISNEROS, SALVADOR		3.2 NAM	Ι Ε				
STREET ADDRESS	5500 SW 80 ST		3.3 STR	EET ADDRES	s			
CITY-ST-ZIP	MIAMI FL		3 4. CITY	Y-ST-ZIP				
TITLE	D	DELETE	4.1 TITL	E			Change	☐ Addition
NAME	CISNEROS, ALEJANDRO		4.2 NAN	AE.	1			
STREET ADDRESS	8701 SW 89TH CRT		4.3 STR	EET ADDRES	s			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP					
TITLE	□ DELETE		5.1 TITLE		\top		☐ Change	☐ Addition
NAME		_	5.2 NAM					
STREET ADDRESS			5.3 STR	EET ADDRES	s			
1			1	-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		+-		Change	Addition
			6.2 NAM					
NAME					ا			
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		٦			
CITY+ST-ZIP			6.4 CITY	-31-ZIP	1			i

14. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: