

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3: 41

DOCUMENT # G61699 (6)

1. Corporation Name
SAL DFEDE, INC.

Principal Place of Business
**7777 SW 86TH STREET, STE 215
MIAMI FL 33143**

Mailing Address
**7777 SW 86TH STREET, STE 215
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1983** 3a. Date of Last Report **08/16/1994**

4. FEI Number **59-2331147** 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**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DIFEDE, SALVATORE
7777 SW 86TH STREET, #215
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIFEDE, SALVATORE
STREET ADDRESS	7777 SW 86TH STREET 215
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	DV
NAME	DIFEDE, JOHN W.
STREET ADDRESS	6821 SW 85 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	DIFEDE, DARCY L.
STREET ADDRESS	7777 SW 86TH ST., STE 215
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	DIFEDE, MARY K.
STREET ADDRESS	7777 SW 86TH ST., STE. 215
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DIFEDE, REGINA A.
STREET ADDRESS	7777 SW 86TH ST., STE. 215
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 11D.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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Salvatore E. Difede* **SALVATORE E. DIFEDE**

2-22-95 (DS) 279-0575

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone Number