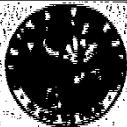


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # G61699**

**(6)**

1. Corporation Name

**SAL DIFEDE, 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**

**2. Principal Place of Business**

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

**24 Country**

**2a. Mailing Address**

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**29 Country**

**D. Name and Address of Current Registered Agent**

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

**61 Name**

**62 Street Address (P.O. Box Number Is Not Acceptable)**

**63**

**64 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 renaming)

**DATE**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>OP</b>	<b>NAME</b> <b>DIFEDE, SALVATORE</b>	<b>1.1 TITLE</b> 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7777 SW 86TH STREET 215</b>	<b>CITY-ST-ZIP</b> <b>MIAMI, FL 00000</b>		
<b>TITLE</b> <b>DV</b>	<b>NAME</b> <b>DIFEDE, JOHN W.</b>	<b>2.1 TITLE</b> 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>6821 SW 85 TERR</b>	<b>CITY-ST-ZIP</b> <b>MIAMI FL</b>		
<b>TITLE</b> <b>DT</b>	<b>NAME</b> <b>DIFEDE, DARCY L.</b>	<b>3.1 TITLE</b> 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7777 SW 86TH ST., STE 215</b>	<b>CITY-ST-ZIP</b> <b>MIAMI FL</b>		
<b>TITLE</b> <b>DS</b>	<b>NAME</b> <b>DIFEDE, MARY K.</b>	<b>4.1 TITLE</b> 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7777 SW 86TH ST., STE. 215</b>	<b>CITY-ST-ZIP</b> <b>MIAMI FL</b>		
<b>TITLE</b> <b>D</b>	<b>NAME</b> <b>DIFEDE, REGINA A.</b>	<b>5.1 TITLE</b> 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7777 SW 86TH ST., STE. 215</b>	<b>CITY-ST-ZIP</b> <b>MIAMI FL</b>		
<b>TITLE</b>	<b>NAME</b>	<b>6.1 TITLE</b> 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**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 oaths in Block 12 or Block 13 if changed, or on an attachment with an addendum.**

**SIGNATURE:** *Salvatore E. DifeDE*

**SIGNATURE: E. DIFEDE**

SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATED OFFICER OR DIRECTOR

**2-22-95 (00) 079-0575**

Date

State/Prov/Prov