

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

FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33143-7228
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 09/29/1983	3a. Date of Last Report 02/15/1996
4. FEI Number 59-2331147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFEDE, SALVATORE	1.2 NAME
STREET ADDRESS	7777 SW 86TH STREET 215	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFEDE, JOHN W.	2.2 NAME
STREET ADDRESS	8821 SW 85 TERR	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUES, DARCY L.	3.2 NAME
STREET ADDRESS	10336 S.W. 123RD AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELPINO, MARY K.	4.2 NAME
STREET ADDRESS	7450 S.W. 100TH COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFEDE, REGINA A.	5.2 NAME
STREET ADDRESS	7777 SW 86TH ST., STE. 215	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Salvatore Difede* 3-4-97 (305) 279-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)