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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H68060

1. Corporation Name  
SALAD FINGERS, INC.

Principal Place of Business

C/O ROBERT S. HART  
140 N. W. 25TH ST.  
MIAMI FL 33127  
US

Mailing Address

C/O ROBERT S. HART  
P.O. BOX 432166  
SOUTH MIAMI FL 33243-2166  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11767 S. Dixie Hwy		26 C/O ROBERT S. HART		07/24/1985	
22 Suite Apt. #, etc. 422		27 Suite, Apt. #, etc.		4. FEI Number	
23 Mia FL		28 City & State		59-2578969	
24 Zip 33156		29 Zip		Applied For	
25 USA		30 Country		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
HART, ROBERT S.				<input type="checkbox"/> \$8.75 Additional Fee Required	
7975 SUNSET DR				6. Election Campaign Financing	
MIAMI FL 33143				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation owes the current year Intangible	
81 Name Rose Marie Hart				Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)					
11767 S. Dixie Hwy					
83 #422					
84 City Miami				85 Zip Code 33156	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD		1.1 TITLE	
NAME HART, ROSE MARIE		1.2 NAME	
STREET ADDRESS 7975 SUNSET DR		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE STD		2.1 TITLE	
NAME HART, ROBERT S.		2.2 NAME	
STREET ADDRESS 7975 SUNSET DR		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #