

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K32272** (2)
1. Corporation Name
SALTRA, INC.



Principal Place of Business 1001 S. BAYSHORE DR SUITE 2410 MIAMI FL 33131	Mailing Address 1001 S. BAYSHORE DR SUITE 2410 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Brickell Avenue Suite, Apt. #, etc. 22 1440 City & State 23 Miami, Florida Zip 24 33131 Country 25		2a. Mailing Address 26 1200 Brickell Avenue Suite, Apt. #, etc. 27 1440 City & State 28 Miami, Florida Zip 29 33131 Country 30		3. Date Incorporated or Qualified 08/29/1988	
		4. FEI Number 65-0071824		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
1001 S. BAYSHORE DR **1200 Brickell Avenue**
SUITE 2410 **Suite 1440**
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDARRIAGA, JUAN J.	12 NAME	
STREET ADDRESS	300 SEVILLA SUITE 301	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	21 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDARRIAGA, OLGA MARIA	22 NAME	Saldarriaga, Olga Maria
STREET ADDRESS	300 SEVILLA SUITE 301	23 STREET ADDRESS	300 Sevilla, Suite 301
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Coral Gables, FL
TITLE	AS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, CARLOS ALBERTO	32 NAME	
STREET ADDRESS	1001 S. BAYSHORE DR 1200 Brickell A	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131 Suite 1440	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Saldarriaga, Juana Maria
STREET ADDRESS		43 STREET ADDRESS	300 Sevilla, Suite 301
CITY-ST-ZIP		44 CITY-ST-ZIP	Coral Gables, FL
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE:

April 13, 1998

CR2E034 (10/97)