


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

FILED
Apr 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	
DOCUMENT # K94866 (6)			
1. Corporation Name SALAMIDA AND SONS INC.			
Principal Place of Business % PAUL SALAMIDA 21264 CONESTOGA DRIVE BOCA RATON FL 33428		Mailing Address % PAUL SALAMIDA 21264 CONESTOGA DRIVE BOCA RATON FL 33428-1146	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 65-0127365	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24	25	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SALAMIDA, PAUL 21264 CONESTOGA DR BOCA RATON FL 33428		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	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	1.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	3.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY - ST - ZIP	
STREET ADDRESS	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: <i>Paul Salamida</i> PAUL SALAMIDA 4.7.97 482.524)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)