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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L02003 1. Corporation Name

SALTA, INC.

	•									
Principal Plac	e of Business	Mailing Address			110011	ått om soms man sam f	 			
10101 COLLINS AVENUE 10101 COLLINS AVENUE							•			
#11F #11F										
BAL HARBOR FL 33154 BAL HARBOR FL 33154					DO NOT WRITE IN THIS SPACE					
U\$ U\$						3. Date Incorporated or Qualifed				
					07/14/1					
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numb			Ap	plied For	
21 >	x 4e	26 5 CM 6	2		65-0156	3462 _		No	t Applicable	
- Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		E Cortiforto	of Status Desired	<u>.</u>	\$8.75 /	Additional	
22	<u> </u>	27			5. Certificate	UI Status Desired	-	Fee Re	quired	
City & Stat	le	City & State			6. Election C	ampaign Financing	_	\$5.00	May Be	
23		28			Trust Fund	Contribution		Added t		
Zip	Country	Zip	Country	у	8. This corpo	ration owes the cur	rent year Intan	gible		
24 29 29 3			30		Personal f	Property Tax.		Yes 🤇	A No	
	9. Name and Address of Current	t Registered Agent			10. Name and	Address of New	Registered Ag	ent		
	HED DEDLA		81	Name						
TACHER, PERLA			82	Stroot A	ddress (P.O. Pov Ni	ress (P.O. Box Number is Not Acceptable)				
10101 COLLINS AVENUE			62	62 Street Address (P.O. Box Number is Not Acceptable)						
#11F			83			1314 m 141	1114 114	7.7	1 1 1 1 1 1	
BAL	HARBOR FL 33154		<u>_</u> _					1 2 3		
	•		84	City			FI	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s. the abov	/e-named c	orporation submits th	is statement for the	purpose of ch	anging its	registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by	the corpor						
				,					,	
agent, La	m familiar with, and accept the obligati		-	S			, ,	56		
SIGNATURE_	Ferla Tac	her Perl	a T	Ach		Sar	-6~ 6	79		
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	A (Registered Age	Ach	uired when reinstating)		DATE			
SIGNATURE_	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age	Ach	uired when reinstating)	CHANGES TO OF	FICERS AND			
SIGNATURE_ 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: 1) DIRECTORS	Registered Age 13. 1.1 TITLE	Ach	uired when reinstating)		FICERS AND	DIRECTO	RS IN 12	
SIGNATURE_ 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TACHER, PERLA	and title if applicable. (NOTE: O DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	A Ch	uired when reinstating)	CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
SIGNATURE_ 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND TACHER, PERLA 10101 COLLINS AVENUE, #11F	and title if applicable. (NOTE: O DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	A Character required required to the signature required to the signatu	uired when reinstating)	CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PT TACHER, PERLA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154	and title if applicable. (NOTE: I) D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	A Character required required to the signature required to the signatu	uired when reinstating)	CHANGES TO OF	FICERS AND	DIRECTO Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PT TACHER, PERLA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154 VPS	and title if applicable. (NOTE: O DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	A Character required required to the signature required to the signatu	uired when reinstating)	CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PT TACHER, PERLA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154 VPS TACHER, SARA 10101 COLLINS AVENUE, #11F	and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	A Character required required to the signature required to the signatu	uired when reinstating)	CHANGES TO OF	FICERS AND	DIRECTO Change	RS IN 12	
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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 chapged, by on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90041 007 ***158.75