FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L70025** **(6)**

1. Corporation Name

SAL'S ABATEMENT CORPORATION

Principal Place of Business	Mailing Address
6025 N.W. 6TH COURT MIAMI FL 33127-1146	6025 N.W. 6TH COURT MIAMI FL 33127-1146

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business	2a. Mailing Address
21 301 NW 36th Street	26 301 NW 36th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33127 / County 25	Zip 29 33127 / Country 30

4. FEI Number: 65-0193276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELLUTRI, SALVATORE
6025 N.W. 6TH COURT
MIAMI 33127

10. Name and Address of New Registered Agent

81 Name: DeLLutri, SALVATore
82 Street Address (P.O. Box Number is Not Acceptable):
83: 301 NW 36th Street
84 City: MIAMI FL 85 Zip Code: 33127

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELLUTRI, SALVATORE		1.2 NAME	
STREET ADDRESS	225 NE 175 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DELLUTRI, MARIA ELENA		2.2 NAME	
STREET ADDRESS	225 NE 175 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Maria Elena Dellutri MARIA ELENA DELLUTRI 1-30-96 (305) 576-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)