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Jun 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 # M31955 (1)

1. Corporation Name
SALADITO'S, INC.

Principal Place of Business

748 E 10TH ST
HIALEAH FL 33010

Mailing Address

748 E. 10TH ST
HIALEAH FL 33010-3636
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1986		3a. Date of Last Report 04/23/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2850613		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

CASTILLO, ROBERTO
748 E TENTH ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name EDID HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
1009 N.W. 161 AVENUE
83
84 City PEMBROKE PINES FL 85 Zip Code 33028

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 *Edid Hernandez*
Signature, typed or printed name of registered agent and title if applicable. (If E. Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	CASTILLO, ROBERTO	1.2 NAME	HERNANDEZ, EDID
STREET ADDRESS	748 E TENTH ST	1.3 STREET ADDRESS	1009 N.W. 161 AVENUE
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	☐ DELETE	2.1 TITLE	S/T/D
NAME		2.2 NAME	CAYRO, ZENAIDA A.
STREET ADDRESS		2.3 STREET ADDRESS	975 E 21 STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH FL 33013
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
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 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: *Edid Hernandez* EDID HERNANDEZ 6/25/97

CR2E034 (9/96)