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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M35957 (3)

SALGADO'S CORPORATION

FILED May 05 1998 8:00am Secretary of State

-	(1888) 1 888 (18 1 0 1888)	110 11 01511 1111	9191 8191 1001

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. FEI Number 59-2697405 Not Applicable Sulte, Apt. #, etc 50. Certificate of Status Desired 50. Certi	Principal Place of Business Mailing Address 2323 NW 17 AVE C/O ELIO O. SALGADO 2510 SW 23 TERRACE 2510 SW 23 TERRACE MIAMI FL 33142 MIAMI FL 33145 US			DO NOT WR	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/0044000					
Solido, Apt. 4, etc.	2. Principal F	Place of Business	2a. Mailing Address					1 1	plied For	
Solition	21		├─¬							
Carry State Carry Stat	Suite, Apt.	#, etc	Suite, Apt. #, etc.				□ \$	8.75	Additional	
20	City & Stat	te	<u>├─</u> 1	City & State						
SALGADO, ELIO 0. 1198 SW 17TH AVE MIAMI FL 33129 11. Pursuant to the provisions of Sections 607.0509, and 607.1508, Florida Statutus, the above-hamed corprolation submits this statement for the purpose of changing its registered agent, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Torida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I em familiar with, and accept the obligations of, Section 607.0505, Florida Statutus. SIGNATURE Signature transfer acceptable of the chigations of, Section 607.0505, Florida Statutus. 12. Of FLOE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. This Suprocess purpose registered agent acceptable registered registere		25	29	├ı `	ntry	Personal Property Tax due Ju	ne 30. 🔲 Ye	es [
11. Pursuant to the provisions of Sections 607.03/2 and 607.1508. Fiorida Statutes. Part Pursuant to the provisions of Sections 607.03/2 and 607.1508. Fiorida Statutes. The above-hamed corporation submits this statement for the purpose of changing its registered agent, or both. In the State of Florida Statutes.			nt Registered Agent		2.1		Registered Age	<u> 11 </u>		
MIAMI FL 33129 Ba				İ	B1 Name	•			ļ	
B3 B4 City FL B5 Zip Code)			ŀ	82 Street	t Address (P.O. Box Number is Not Accep	table)			
II. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607/0505, Florida Statutes. SIGNATURE Signature in the missile with and accept the obligations of, Section 607/0505, Florida Statutes. SIGNATURE Signature in the missile with an accept the obligations of, Section 607/0505, Florida Statutes. SIGNATURE Signature in the missile with an accept the obligation of, Section 607/0505, Florida Statutes. SIGNATURE Signature in the missile with a pursued agent amisted algorithms and the provided agent amisted algorithms. In the statute of the pursue of the appointment as registered agent, and the appointment as registered agent, and the appointment as registered agent. In the statute of the appointment as registered agent, and the appointment as registered spends and the appointment as registered agent, and the appointment as registered agent. In the appointment as registered agent. In the appointment as registered agent, and the appointment as registered agent. In the appointment as a positions. In the appointment as a positions. In the appointment as a positions. In	MI	AMI FL 33129		ŀ	83		 			
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 and married with an advancement tool obligations of, Sociolon 697.0505, Florida Statutes SIGNATURE Signature, Institute				f	84 City		FL 85	Zip (Code	
NAME SALGADO, ELIO O. 12 NAME 13 STREET ADDRESS 2510 SW 23 TERRACE 13 STREET ADDRESS 14 CITY-ST-2P	agent. I a SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered age Of FICE RS AN	ations of, Section 607,0505, Flo and another if applicable (NOTI D DIFECTORS	Registered	ites. Agent signatur	re required when reinstatin g)	DATE FICERS AND DIF	RECTOR	S IN 12	
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NAME	CITY-\$T-ZIP	MIAMI FL 33145		2.4 01	Y - S1 - ZIP	<u> </u>				
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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 each; that I am an	14. Thereby o	L. certify that the information supplied w	ith this tiling does not qualify to	r the exer	motion stat	led in Section 119.07(3)(i). Florida Statutes	. I further certify	that the	Information	

indicated on this annual report of suppremental annuni report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation or the receiver of trustice 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 on an attachment with an address.

GNATURE:

(305)633-437

(305)633-4317