

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90259 013 ***158.75

DOCUMENT # M35957

1. Corporation Name
SALGADO'S CORPORATION

Principal Place of Business

2323 NW 17 AVE
2510 SW 23 TERRACE
MIAMI FL 33142
US

Mailing Address

C/O ELIO O. SALGADO
2510 SW 23 TERRACE
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1986

4. FEI Number

59-2697405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SALGADO, ELIO O.
1198 SW 17TH AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

Mayuly Salgado

82 Street Address (P.O. Box Number is Not Acceptable)

2510 S.W. 23 Terrace

83

Miami Fla

84 City

miami

FL

85 Zip Code
33145

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 Mayuly Salgado

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME SALGADO, ELIO O.
STREET ADDRESS 2510 SW 23 TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE VSD
NAME SALGADO, AYDA
STREET ADDRESS 2510 SW 23 TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD.
1.2 NAME SALGADO Mayuly
1.3 STREET ADDRESS 2510 S.W. 23 Terrace
1.4 CITY-ST-ZIP miami Fla. 33145

2.1 TITLE VSD
2.2 NAME SALGADO ELIO O.
2.3 STREET ADDRESS 2510 S.W. 23 Terrace
2.4 CITY-ST-ZIP miami Fla 33145

3.1 TITLE Treasure
3.2 NAME SALGADO Ayda
3.3 STREET ADDRESS 2510 S.W. 23 Terrace
3.4 CITY-ST-ZIP miami Fla 33145

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

(305) 633-4317

Daytime Phone #

CR2E034 (11/98)

0218240