

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032865 (6)

1. Corporation Name

SALIBA BASTORI CORP.



Principal Place of Business

1901 BRICKELL AVE
SUITE B-202
MIAMI FL 33129 -7247
US

Mailing Address

4501 SW 148 ST
MIAMI FL 33193
US

3. Date Incorporated or Qualified
05/05/1993

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address c/o DIAZCORP

21 Suite, Apt. #, etc.

26 3400 CORAL WAY,

22 City & State

27 600
28 MIAMI, FLA.,

23 Zip Country

29 33145-3053 30 U.S.A.

4. FEI Number

65-0410758

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SEMET, LIOKSTEIN, MORGENTERN, BERGER, FRIED,~~
~~BROOKE & GORDON, P.A.~~
~~201 ALHAMBRA CIRCLE, SUITE 1200~~
~~CORAL GABLES FL 33134~~

81 Name

ELVIRA ALICIA YANES

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

83

1901 BRICKELL AVE., SUITE B-202

84 City

MIAMI,

FL

85 Zip Code
33129

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

Elvira A. Yanes

ELVIRA A. YANES, SECRETARY

04/24/1996

(Signature, typed or printed name of registered agent and state if not an officer, director, or shareholder)

(If, If Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	BO			
	SALIBA, MARICELA			
	4001 BRICKELL AVE., #B202			
	MIAMI FL			
	DP			
	SALIBA, GEORGE			
	4001 BRICKELL AVE., #B202			
	MIAMI FL			
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P/T/D			
	YANES, ISMAEL			
	1901 BRICKELL AVE., SUITE B-202			
	MIAMI, FLA., 33129			
	VP/S/D			
	YANES, ELVIRA A.			
	1901 BRICKELL AVE., SUITE B-202			
	MIAMI, FLA., 33129			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elvira A. Yanes* ELVIRA A. YANES - SECRETARY

04/24/1996

305-4464355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do Not Use Phone #

CR2E034 (12/95)