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

CITY-ST-ZIP

14. I hereby certify that the information supplied with this if

FILED PROFIT Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998 DOCUMENT** # P93000042594 (0) SALDANO, INC. Principal Place of Business Mailing Address 3049 NE 163RD STREET 3049 NE 163RD STREET NO MIAMI FL 33160 NO MIAMI FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0420629 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NANCY WHITE, **3049 NE 163 STREET** 82 N. MIAMI BEACH FL 33160 63 84 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 any accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change **DPS** DELETE 1.1 TITLE Addition TITLE NAME SREDNI, ERWIN 1.2 NAME 2875 NE 191 Stret PH-3049 N.E. 163 STREET 1.3 STREET ADDRESS Turnberry STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ___ Addition TITLE 5.5 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETÉ ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Thereby certify that the information supplied with this ting does not usually for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental arrival 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 of the receiver or trested englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged on an attachment with any address.