Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90031 027 ***150.00

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

1. Corporation	MENT # P9300(SAL INTERNATIONAL INC.	0048922								
Principal Place	e of Business	Mailing Address				-	1 8 9 1 1 1 6 8 1 1 1 9 1 1		 	
10422 NW 7TH		10422 NW 7TH AVE					,			
MIAMI FL 33150 MIAMI FL 33150										
US		US				DO NOT WRITE	IN THIS S	PACE		1
						3. Date Incorporated or Qualifed 07/12/1993				
2. Principal Pl	ace of Business 2a. Mailing Address					4. FEI Number		-	pplied For	ļ
21 26						NOT APPLICABLE			ot Applicable	-
Suite, Apt. #, etc. Suite, Apt. #, et						5. Certifcate of Status Desired			Additional leguired	
22		27 City 9 Ctate	27 City, & State						· ·	
						==6.=Election:Campaign-Financing.== Trust Fund Contribution			May Bè	-
Zip	Country Zip Coi			trv		This corporation owes the current	nt vear Intar		10 1 003	1
		29 30	_	y		Personal Property Tax.		Yes	□No	ļ
24	25 9. Name and Address of Curre		'			10. Name and Address of New Re				1
	. Hame and Addiess of Carre	Tregistores rigoria		B1 I	Name					1
Parbtani, Shoukat				<u>.</u>	C4 A dd	on (D.O. Boy Number in Not Agrental	da)			1
10422 NW 7TH AVE				32 3	Street Addre	ss (P.O. Box Number is Not Acceptab	n e)			
MIAMI FL 33150			ξ.	33						1
	•		Ļ	1	-			as 7in	Code	-
				84 (City		FL	85 Zip	Code	
office or re agent. I at SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized t a Statut	by thi	e corporation	ration submits this statement for the p o's board of directors. I hereby accept	the appoint	hanging it ment as r	s registered egistered	
	Signature, typed or printed name of registered ag	<u> </u>	gistered A	gent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12	1
12.	OFFICERS AND DIRECTORS 13 D DELETE 1.11			F		ADDITIONS/OFFANOLO TO OFF		Change		1 :
TITLE NAME	BHATTI, MOHAMMAD	1.2 N							_	;
	10422 NW 7TH AVE		1.3 STREE		nnpree					
STREET ADDRESS	ANALAN EN ARAGO									13
CITY-ST-ZIP TITLE	D	☐ DELETE		.4 CITY-ST-ZIP				Change	Addition	13
NAME	Parbtani, Shoukat		ł	2.2 NAME						
STREET ADDRESS			2.3 STR		ODRESS					
CITY-ST-ZIP				Y-ST-7						
TITLE 3= =-								☐ Change	Addition	
NAME	VIRANI, AZIMUDDIN	3.2 h		Æ	1					1
STREET ADDRESS				EET AL	DDRESS					
CITY-ST-ZIP	MIAMI FL 33150				ZIP					
TITLE		DELETE	4.1 TITLE					Change	☐ Addition	
NAME	,		4.2 NA	ΝE						-
STREET ADDRESS			4.3 STR	EET AC	DDRESS					
CITY-ST-ZIP			4.4 CITY-S							
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME	,		5.2 NAM	Œ	1					
STREET ADDRESS			5.3 STR	EET A	DDRESS					-
CITY-ST-ZIP			5.4 CITY		np					4
TITLE	DELETE 6.11							Change	Addition	
NAME			6.2 NAM	Æ						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP