

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 APR 17 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069920 (5)

1. Corporation Name
SALEX OF MIAMI, INC.



Principal Place of Business
**1801 SW 1ST STREET
MIAMI FL 33135**

Mailing Address
**1801 SW 1ST STREET
MIAMI FL 33135-1801**

3. Date incorporated or Qualified
10/07/1993

3a. Date of Last Report
02/16/1996

2. Principal Place of Business **40 A.C. DIAZ**

21 **8410 N.W. 63 TERRACE**

22 **#101**

23 **Miami - Florida**

24 **33166** 25 **Dade**

2a. Mailing Address

26 **SAME**

27

28 **Miami - FL.**

29 **33166** 30 **Dade**

4. FEI Number
65-0441029

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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

**KEYS, CAROL F
12700 BISCAYNE BLVD
SUITE 203
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name
Louis Alexander

82 Street Address (P.O. Box Number is Not Acceptable)
12100 S.W. 47 STREET

83

84 City **Miami** FL 85 Zip Code **33175**

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 *Louis Alexander*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/9/98**

OFFICERS AND DIRECTORS

TITLE
NAME **PS ALEXANDER, LOUIS** DELETE
STREET ADDRESS **12100 SW 47TH ST**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS

5.2 NAME Change Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

REINSTATEMENT 97-98

50 4-21-98

14. I do 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 or changed, or on an attachment with an address.

CR2E034 (9/96)