

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000074931 (5)**

1. Corporation Name
SALEM INTERNATIONAL, INC.



Principal Place of Business Mailing Address
**245 SE 1ST STREET
MIAMI FL 33131
US** **245 SE 1ST STREET
MIAMI FL 33131
US**

3. Date Incorporated or Qualified **10/28/1993** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0445015** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SALEM, CECILIA V
210 SW 11 ST
#503
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **SALEM, CECILIA**
82 Street Address (P.O. Box Number is Not Acceptable) **5439 S.W 15 PLACE**
83
84 City **MIAMI** FL 85 Zip Code **33185**

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 *Cecilia*
Signature typed or printed name of registered agent (required when not shared) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALEM, CECILIA V	
STREET ADDRESS	210 SW 11 ST #503	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALEM, PAULO K	
STREET ADDRESS	210 SW 11 ST #503	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SALEM, CECILIA	
13 STREET ADDRESS	5439 S.W 115 PLACE	
14 CITY - ST - ZIP	MIAMI, FL 33185	
21 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SALEM, PAULO	
23 STREET ADDRESS	5439 S.W 115 PLACE	
24 CITY - ST - ZIP	MIAMI FL 33185	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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, on an attachment with an address

SIGNATURE: *Cecilia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/96

CR2E034 (12/95)