2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000074931 1. Entity Name SALEM INTERNATIONAL, INC. Principal Place of Business Mailing Address 5439 SW 151 PLACE 5439 SW 151 PLACE MIAMI FL 33185 MIAMI FL 33185-4042 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

SALEM, CECILIA V

9. This corporation is eligible to satisfy its Intangible

SALEM, CECILIA V

MIAMI FL 33185

SALEM, PAOLO K

MIAMI FL 33185

5439 SW 151 PLACE

VSTD

5439 SW 151 PLACE

Tax filing requirement and elects to do so.

(See criteria on back)

5439 SW 1ST ST **MIAMI FL 33185**

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

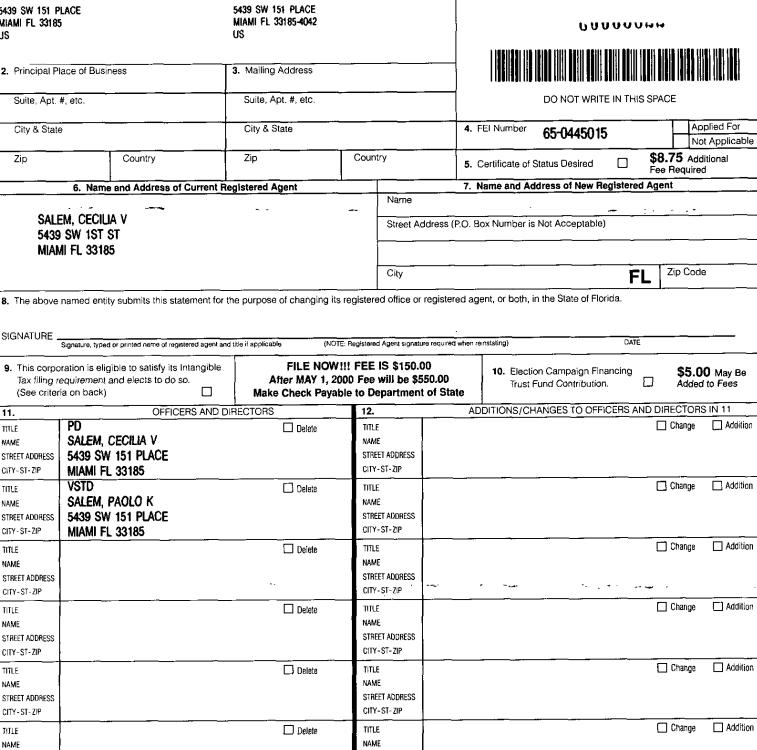
CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90072 050 ***150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

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12.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE: