## 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

## DOCUMENT # P9400033577 (5)

SALINVEST, INC.

Principal Place of Business FIRST UNION FINANCIAL CENTER	Mailing Address FIRST UNION FINANCIAL CENTER	
200 SOUTH BISCAYNE BLVD. #4815	200 SOUTH BISCAYNE BLVD. #4815	

## FILED Apr 28 1997 8:00am Secretary of State



800 BOUTH BISCAYNE BLVD. #4815 MIAMI FL 33131		200 SOUTH BIS	200 SOUTH BISCAYNE BLVD. #4815 MIAMI FL 33131-5312			3 0	ate Incorporated or Qualified	34 No	te of Last F	lanori	
							5/04/1994		0/1996	сроп	
2. Principal P	lace of Business	2a. Mailing Ad	dress				I Number	_1 -11	<del></del>	oplied For	
21	26						65-0501054			ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			SR 75 Additional					
22		27	27			5. Certificate of Status Desired Fee Required					
City & State	e	City & Stat	City & State			6. EI	6. Election Campaign Financing \$5.00 May Be				
23		28		·		Tr	ust Fund Contribution		Added	to Fees	
Zip	Country	Zip	— <u>¬</u>	Country	ountry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25	[29]	30				orida Statutes L ame and Address of New Ro	Yes			
641	9. Name and Address of Cu	rrent Hegisterea Agen		81	Name	10, N	ame and Address of New A	gistered A	tgent		
	USSOLIA, PIERO				THGITIC						
	SOUTH BISCAYNE BLVD.			82	Street Ad	dress (P.O	. Box Number is Not Accepta	ble)			
	TE 4815			83						<del></del>	
MIA	MI FL 33131										
				84	City			FL	<b>85</b> Zip	Code	
office or r	to the provisions of Sections 607, egistered agent, or both, in the Similar with, and accept the o	tate of Florida. Such ch	ange was author	rized by	the corpor	rporation s ation's boa	submits this statement for the ard of directors. I hereby acce	ourpose of	changing i pintment as	ls registered registered	
SIGNATURE	Transition that, and accopy the c	enganorio en occitari ce	, ionaa	011110100	•						
SIGNATURE	Signature, typed or printed name of registers	d agent and title if appreable	(NOTE: Regis	stered Age	par enulerig a fe	uired when re-	nstating)	DATE			
12.		AND DIRECTORS		13.			DITIONS/CHANGES TO OFFI	CERS AND			
TITLE	DPTS	[]	DELETE	I.1 TITLE	AS				Change	Addition	
NAME	PAGGIN, GIORGIO			I.2 NAME			, CARMEN				
STREET ADDRESS	5757 COLLINS AVE. #2304	ŀ	1	1.3 STREET	ADDRESS <b>20</b>	00 S.	Biscayne Blvd. S	Suite 4	4815		
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY - ST	-ZIP <b>M.</b> 1	lami,	F1 33131		<del></del>		
TITLE		Ļ		2.1 TITLE					Change	Addition	
NAME			2	2.2 NAME							
STREET ADDRESS			2	2.3 STREET.	ADDRESS						
CITY-ST-ZIP		·		2. 4 CHY-S	1 - ZIP	·			T 6.		
TITLE				3 1 THLE					Change	Addition	
NAME				3 2 NAME							
STREET ADDRESS	1			3 STREET	- I						
CITY-ST-ZIP				3.4. CITY - S	I - ZiF						
TITLE		لــا		4.1 TITL <del>!</del>					Change	Addition	
NAME				1. 2 NAME							
STREET ADDRESS			1	1.3 STREET					1		
CITY-ST-ZIP				1.4 C(1) · S1	I - ZIP				Charge	L Addition	
TITLE		[]	1	5 1 TOLE	!				Change	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP				54 CHY-S	1 - ZIP				Change	Addition	
TITLE		Ц		6 1 1)TLE					∟r ∪nangé	Addition	
NAME				52 NAME							
STREET ADDRESS				S 3 STREET							
CITY-ST-ZIP			$\epsilon$	64 C/TY-S	1- <b>2</b> iP						

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 if changed, or on an attachment with an address.

ATURE WILMON TUON CARMEN FUENTES

4/18/97

(205)272-7016