

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90064 012 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051023

1. Corporation Name
THE SALAZAR GROUP, INC.

Principal Place of Business

12350 SW 132ND CT
208
MIAMI FL 33186
US

Mailing Address

13800 SW 8TH ST
#388
MIAMI FL 33184
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1994

4. FEI Number

65-0503481

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 *Same*

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 *Same*

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SALAZAR, CARLOS R
12350 SW 132 CT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

[Signature] **Vice-President**

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD SALAZAR, CARLOS R**
STREET ADDRESS **12350 SW 132 CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **VPD SALAZAR, MARTA V**
STREET ADDRESS **12350 SW 132 CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ DELETE

NAME **TS KARNER, KATHERINE**
STREET ADDRESS **12350 SW 132 CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ DELETE

NAME **S SALAZAR, LUIS**
STREET ADDRESS **12350 SW 132 CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

3.1 TITLE **TS**
3.2 NAME **Luis Salazar**
3.3 STREET ADDRESS **12350 SW 132 CT.**
3.4 CITY-ST-ZIP **MIAMI, FL 33186**

☐ Change ☒ Addition

4.1 TITLE **S**
4.2 NAME **Carlos R. Salazar**
4.3 STREET ADDRESS **12350 SW 132 CT.**
4.4 CITY-ST-ZIP **MIAMI, FL 33186**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Vice-President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

305-234-4272
Daytime Phone #

CR2E034 (11/98)