SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE OR ON BEFORE 8/9/95: $225 (IF PAID LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # P94000078485 (7)

1. Corporation Name

SALTILLO SOUTHWEST INC.

Principal Place of Business	Mailing Address
6520 KIMBERLY BLVD. NO. LAUDERDALE FL 33068	6520 KIMBERLY BLVD. NO. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 23018 SandalFoot Plaza
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON, FL
24: Zip: 33428
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65053 1926 — 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 corporate tax under s. 220.13(1) Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CICETTI, LISA
6520 KIMBERLY BLVD.
NO. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name:
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: Lisa Cicetti — 6-27-95
(Signature (and typed or printed name) of registered agent and, if applicable, NOTE: Registered Agent signature required when new agent) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES (LIST OFFICERS AND DIRECTORS)	
11 TITLE		11 TITLE	P/T ☐ Change ☐ Addition
12 NAME		12 NAME	LISA CICETTI
13 STREET ADDRESS		13 STREET ADDRESS	6520 KIMBERLY BLVD
14 CITY ST ZIP		14 CITY ST ZIP	NORTH LAUDERDALE, FL 33068
21 TITLE		21 TITLE	V/S ☒ Change ☐ Addition
22 NAME		22 NAME	PATRICIA GRIFFITH
23 STREET ADDRESS		23 STREET ADDRESS	6161 SW 1ST ST
24 CITY ST ZIP		24 CITY ST ZIP	MARGATE, FL 33068
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		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)(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 added, above or on an attachment with an address.

SIGNATURE: Lisa Cicetti — 6-27-95 — 305-977-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)