

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

1995

DOCUMENT # P94000087567 (1)

SALCEDO TRADING CORP.

7070 CORAL WAY
SUITE 410
MIAMI FL 33145

2028 CORAL WAY
SUITE 410
MIAMI FL 33145

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 PM 2:02

MIAMI FL 33145		MIAMI FL 33145		3. Date of (or date of) Election		3a. Date of Last Report	
				12/02/1994			
2. Period of Report		2a. Month and Year		4. FL Number		5. Required For	
21		26		65-0544772		Next Applicable	
22		27		5. Certificate of Status: Domestic ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Total Cash Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
						8. Does applicant have liability for intangible tax under § 1964.012, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SALCEDO, GUILLFRMO A 2828 CORAL WAY SUITE 410 MIAMI FL 33145		81. Name	
		82. Street Address (P.O. Box Number - Not Acceptable)	
		83.	
		84. City	85. Zip Code
		FL	

11. Plaintiff further represents and warrants that, as of 12/31/2017, the Florida Statutes, that define children's corporations, substantially are unchanged for the purpose of changing its respective child's corporation, and that the Florida Child Support Act, and amended to this corporation's benefit of protection. Plaintiff also represents and warrants that the applicable (residential) report was

[illegible]

12.	OFFICIAL NAME AND ADDRESS	13.	ADDITIONAL INFORMATION CONCERNING THE ABOVE
NAME	D SALCEDO, GUILLERMO A	1. NAME	☐ Change ☐ Add/Rev
Address	2828 CORAL WAY SUITE 410	2. Address	☐ Change ☐ Add/Rev
	MIAMI FL 33145	3. City/State	☐ Change ☐ Add/Rev
NAME		4. NAME	☐ Change ☐ Add/Rev
Address		5. Address	☐ Change ☐ Add/Rev
		6. City/State	☐ Change ☐ Add/Rev
NAME		7. NAME	☐ Change ☐ Add/Rev
Address		8. Address	☐ Change ☐ Add/Rev
		9. City/State	☐ Change ☐ Add/Rev
NAME		10. NAME	☐ Change ☐ Add/Rev
Address		11. Address	☐ Change ☐ Add/Rev
		12. City/State	☐ Change ☐ Add/Rev
NAME		13. NAME	☐ Change ☐ Add/Rev
Address		14. Address	☐ Change ☐ Add/Rev
		15. City/State	☐ Change ☐ Add/Rev
NAME		16. NAME	☐ Change ☐ Add/Rev
Address		17. Address	☐ Change ☐ Add/Rev
		18. City/State	☐ Change ☐ Add/Rev
NAME		19. NAME	☐ Change ☐ Add/Rev
Address		20. Address	☐ Change ☐ Add/Rev
		21. City/State	☐ Change ☐ Add/Rev
NAME		22. NAME	☐ Change ☐ Add/Rev
Address		23. Address	☐ Change ☐ Add/Rev
		24. City/State	☐ Change ☐ Add/Rev

REMITTED BY MAY 1

REMITTED BY MAY 1

[illegible]

SIGNATURE:

IDENTIFY: GIVE TYPE OF OR PRINTED NAME OF MEMBER OF PERSON OR ORGAN

4. 25-95. (205) 358. 223/