FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000048578 (5)

1. Corporation Name

SALTERVEN INTERNATIONAL, CORP.

Principal Place of Business
19330 S.W. 218TH ST.
MIAMI FL 33170

Mailing Address
19330 S.W. 218TH ST.
MIAMI FL 33170

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report

4. FEI Number: 65-0590848 — 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 349 N.W. 153rd Ave.
Suite, Apt. #, etc.
22 Pembroke Pines, Fl.
City & State
23
Zip
24 33028
Country
25

2a. Mailing Address
26 349 N.W. 153rd Ave.
Suite, Apt. #, etc.
27 Pembroke Pines, Fl.
City & State
28
Zip
29 33028
Country
30

9. Name and Address of Current Registered Agent

MACEDO, CARLOS
8870-3 S.W. 40TH ST.
MIAMI FL 33165

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	ABOUHAMAD, TERESA G.D.	
STREET ADDRESS	~~19330 S.W. 218TH ST.~~	
CITY-ST-ZIP	~~MIAMI FL 33170~~	
TITLE	VTD	☐ DELETE
NAME	ABOUHAMAD, SALIM A	
STREET ADDRESS	~~19330 S.W. 218TH ST.~~	
CITY-ST-ZIP	~~MIAMI FL 33170~~	
TITLE	D	☐ DELETE
NAME	MACEDO, CARLOS	
STREET ADDRESS	8870 S.W. 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	349 NW 153rd Ave.	
1.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33028	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	349 NW 153rd Street	
2.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33028	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)