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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

349 N.W. 153RD AVE.
PEMBROKE PINES FL 33170
US

Mailing Address

349 N.W. 153RD AVE.
PEMBROKE PINES FL 33028-1824
US

2. Principal Place of Business

21 349 NW 153RD AVE

Suite, Apt. #, etc.

22

City & State

23 PEMBROKE PINES, FL

Zip

24 33028

Country

25 BROWARD

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

06/11/1996

4. FEI Number

65-0590848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 SALIM A. ABOUHANAD

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

349 NW 153 AVE

83

84 City PEMBROKE PINES

FL

85 Zip Code 33028

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 of the person who is the registered agent or the person who is the officer or director of the corporation and is the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

02-13-1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
ABOUHAMAD, TERESA G.D.
349 NW 153RD AVE.
PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME VTD
ABOUHAMAD, SALIM A
349 NW 153RD ST.
PEMBROKE PINES FL 33028

TITLE ☒ DELETE

NAME D
MACEDO, CARLOS
8870 S.W. 40TH ST.
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

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

02-13-1997 954-4302156

CR2E034 (9/96)