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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90170 007 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000048578**

1. Corporation Name  
**SALTERVEN INTERNATIONAL, CORP.**




Principal Place of Business 349 N.W. 153RD AVE. PEMBROKE PINES FL 33028 US	Mailing Address 349 N.W. 153RD AVE. PEMBROKE PINES FL 33170 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6995 NW 50ST</b> Suite, Apt. #, etc. 22 <b>2</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip 24 <b>33166</b> Country 25 <b>DADE</b>		2a. Mailing Address 26 <b>6995 NW 50ST</b> Suite, Apt. #, etc. 27 <b>2</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip 29 <b>33166</b> Country 30 <b>DADE</b>		3. Date Incorporated or Qualified <b>06/19/1995</b>	4. FEI Number <b>65-0590848</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ABOUHAMAD, SALIM A.</b> <b>349 N.W. 153 AVE.</b> <b>PEMBROKE PINES FL 33028</b>		10. Name and Address of New Registered Agent 81 Name <b>ABOUHAMAD, SALIM A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>6995 NW 50ST # 2</b> 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33166</b>	
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD MASIP, TERESA G 349 N.W. 153RD AVE. PEMBROKE PINES FL 33028	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PSD MASIP, TERESA G 6995 NW 50ST #2 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTD ABOUHAMAD, SALIM A 349 NW 153RD ST. PEMBROKE PINES FL 33028	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VTD ABOUHAMAD, SALIM A. 6995 NW 50ST #2 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MACEDO, CARLOS 8870 S.W. 40TH ST. MIAMI FL 33165	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D MACEDO, CARLOS 8870 S.W. 40TH ST. MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP DELETED

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

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (11/98)