Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

SALSA LOVERS, INC.

Principal Place of Business

1999 DOCUMENT # **P95000057935**1. Corporation Name

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90031 008 ***150.00



8300 W FLAGLER ST #165 MIAMI FL 33144 US		8300 W FLAGLER ST #165 Miami FL 33144 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/25/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 26				65-0603266	⊢ +	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition:		Additional
27		27		5. Certificate of Status Desired	Fee	Required
City & State City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23 28		28		Trust Fund Contribution	Adde	d to Fees
Zip	Country Zip		Country	8. This corporation owes the current year Intangible		<u></u>
24 25 29 30		<u> </u>	Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	eo Agent	
8300 #165	TS, RENE D W FLAGLER STREET EAH FL 33144		82 Street Add 83 # //	ENE D. GUEITS Tress (P.O. Box Number is Not Acceptable) OF W. MAGIEK STRU	zł	
HINE	LAIT 1 L 00144		84 City 1	i <i>A</i> mi F	85 Z	P_Code///
	007.050	1 202 4500 51-14- 51-14-	///			its registered
office or re	gistered agent, or both, in the State	of\Florida. Such change was auth	nonzed by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment/as	registered
agent. I an	familiar with, and accept the obliga-	tions of Section 607.0505, Florid	a Statutes.	51	27 100)
SIGNATURE		WOTE D	egistered Agent signature require	od whon reinstature)	<u> </u>	
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	MP	DELETE	1.1 TITLE		☐ Chang	e 🔲 Addition
NAME	GUEITS, RENE D		1.2 NAME			
STREET ADDRESS	699 W 14TH ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Chang	e Addition
NAME			2.2 NAME			}
STREET ADDRESS			2.3 STREET ADDRESS			ľ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Chang	e
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Chang	ge Addition
NAME			4.2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			Ì
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Chang	ge Addition
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			ŀ
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Chang	ge 🔛 Addition
NAME			6.2 NAME			į
STREET ADDRESS		<u></u>	6.3 STREET ADDRESS			}
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further		

indicated on this annual report or supplied with this limit does not quality for the exemption states of 13.07(3)(f), Florida Statutes. I former certary that the information indicated on this annual report for supplemental annual report is true and accurate and that my significant states that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee appropriate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURÉ

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)