

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063662 (7)

1. Corporation Name

SALSA CLOTHING, INC.



Principal Place of Business

407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITO, LUIS G
407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139

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 607.0102 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed in print (this is not required if agent is not changing)

Printed Registered Agent Signature (this is not required if agent is not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SOTO, JUAN J	
STREET ADDRESS	407 LINCOLN ROAD #5B	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	☐ DELETE
NAME	ARTEAGA, MARTA B	
STREET ADDRESS	407 LINCOLN ROAD #5B	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	☐ DELETE
NAME	BARRANCA, ESPERANZA C	
STREET ADDRESS	407 LINCOLN ROAD #5B	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	☐ DELETE
NAME	RAMIREZ, IRMA	
STREET ADDRESS	407 LINCOLN ROAD #5B	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 in any attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-96

305-534-9292

CR2E034 (12/95)