

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 # P95000079157 (0)

1. Corporation Name

SALINAS INVESTMENT, INC.



Principal Place of Business

Mailing Address

9421 SOUTHWEST 21ST STREET
MIAMI FL 33126

9421 SOUTHWEST 21ST STREET
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report

4. FEI Number

65-0614746

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDELPH, RONALD W ESQ.
9200 S. DADELAND BLVD., #308
MIAMI FL 33156-2703

81 Name

ROSA PASCUAL

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

9421 S.W. 21ST

83

84 City

MIAMI

FL

85 Zip Code

33156

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

Rosa Pascual

7/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GUARDADO, ROSARIO
STREET ADDRESS 9421 SOUTHWEST 21ST STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE VSD
NAME PASCUAL, ROSA
STREET ADDRESS 9421 SOUTHWEST 21ST STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
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

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-07/30/96--01157--004
***225.00

14. I do hereby certify that the information supplied on this filing is true and correct and that I am not eligible for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is complete 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 a shareholder of the corporation, and that my signature appears in Block 12 or Block 13 if changed or on an attached sheet with my address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Pascual

6/5/96

(305) 592-7248

CR2E034 (12/95)