

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079157 (0)

1. Corporation Name  
SALINAS INVESTMENT, INC.



Principal Place of Business 9421 SOUTHWEST 21ST STREET MIAMI FL 33126	Mailing Address 9421 SOUTHWEST 21ST STREET MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2805 E. OAKLAND PK Suite, Apt. #, etc. 22 SUITE 107 City & State 23 FT. LAUDERDALE, FL Zip 24 33306		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/13/1995	
		4. FEI Number 65-0614746		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PASCUAL, ROSA 9421 SOUTHWEST 21ST STREET MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name ESTELA RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 255 COLLINS AVE 83 APT 2001 84 City MIAMI BEACH FL 85 Zip Code 33140			
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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 in ink of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/8/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUARDADO, ROSARIO			1.2 NAME	JUAN C. RODRIGUEZ		
STREET ADDRESS	9421 SOUTHWEST 21ST STREET			1.3 STREET ADDRESS	2870 NE 263 CT.		
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	JUAN ANTONIO RODRIGUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASCUAL, ROSA			2.2 NAME	JUAN ANTONIO RODRIGUEZ		
STREET ADDRESS	9421 SOUTHWEST 21ST STREET			2.3 STREET ADDRESS	255 COLLINS AVE APT 2001		
CITY-ST-ZIP	MIAMI FL 33126			2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: 

3-1-98 954 565-5409

CR2E034 (10/97)