

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087854 (2)**

1. Corporation Name

**SALCER SYSTEMS CORPORATION**



Principal Place of Business

**169 EAST FLAGLER ST.  
SUITE 1527  
MIAMI FL 33131**

Mailing Address

**169 EAST FLAGLER ST.  
SUITE 1527  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**11/16/1995**

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

4. FET Number

☒ 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

**THOMPSON, DISNEY D  
169 EAST FLAGLER ST.  
SUITE 1527  
MIAMI FL 33131**

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 607.0502 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, if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **THOMPSON, DISNEY**  
STREET ADDRESS **169 EAST FLAGLER ST. SUITE 1527**  
CITY-STATE-ZIP **MIAMI FL 33131**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **SERGIO SALVADOR FLORES**  
1.3 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**  
1.4 CITY-STATE-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **CIRA CERVANTES**  
2.3 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**  
2.4 CITY-STATE-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
3.2 NAME **ALEX SERGIO SALVADOR CERVANTES**  
3.3 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**  
3.4 CITY-STATE-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
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 manager 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SERGIO SALVADOR FLORES,**

**PRES.**

**7-15-96**

**(305) 381-9188**

DATE

DAYTIME PHONE #

CR2E034 (12/95)