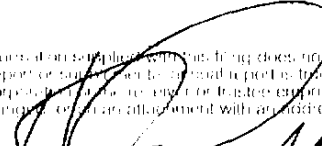


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jun 18 1998 8:00am Secretary of State	
DOCUMENT # P95000090465 (2) 1. Corporation Name: SALEM DISCOUNT INS. OF SOUTH BEACH					
Principal Place of Business:		Mailing Address:			
1465 COLLINS AVE Mia Bch Fla 33139		1465 COLLINS AVE Mia Bch Fla 33139			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	
[21] Suite, Apt. #, etc.		[26] Suite, Apt. #, etc.		11/28/95	
[22] City & State:		[27] City & State:		4. FEI Number:	
[23] Zip:		[28] Zip:		650 635588	
[24] Country:		[29] Country:		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent:			10. Name and Address of New Registered Agent:		
SALEM, JASON 1800 ALAMANDA DR N. Mia Bch Fla 33181			[81] Name:		
			[82] Street Address (P.O. Box Number is Not Acceptable):		
			[83]		
			[84] City: [85] FL 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 _____ DATE _____					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS:					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
D	SALEM, JASON	1800 ALAMANDA DR	N. Mia Bch Fla 33181	☐ DELETE	
D	DURDANZI, MICHAEL	1962 N.E 123 ST	N. Mia Fla 33181	☐ DELETE	
				☐ DELETE	
				☐ DELETE	
				☐ DELETE	
				☐ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
14. I hereby certify that the information supplied herein is true and reliable for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this annual report or statement can be relied upon to be 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, and/or a registered employee, 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 in an attachment with an address.					
SIGNATURE:  HAMID GOODARZI 6/15/98					

CR2E034 (10/97)