


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

FILED
Apr 23 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 # **P95000090527 (9)**

1. Corporation Name

MIAMI SALSA COMPANY, INC.



Principal Place of Business 8805 SW 129 STREET MIAMI FL 33176 US	Mailing Address 8805 SW 129TH ST MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0632604		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FISHER, RICHARD A 8805 SW 129TH ST MIAMI FL 33176				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 and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	1.1 TITLE	PRESIDENT	1.1 TITLE	RICHARD A. FISHER	1.1 TITLE	RICHARD A. FISHER
NAME	RICHARD A FISHER	1.2 NAME	14101 SW 80 AVENUE	1.2 NAME	14101 SW 80 AVENUE	1.2 NAME	14101 SW 80 AVENUE
STREET ADDRESS	8251 SW 171 TERRACE	1.3 STREET ADDRESS	MIAMI, FL 33158	1.3 STREET ADDRESS	MIAMI, FL 33158	1.3 STREET ADDRESS	MIAMI, FL 33158
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VICE-PRESIDENT	2.1 TITLE	THERESA D FISHER	2.1 TITLE	THERESA D FISHER
NAME	THERESA D FISHER	2.2 NAME	14101 SW 80 AVENUE	2.2 NAME	14101 SW 80 AVENUE	2.2 NAME	14101 SW 80 AVENUE
STREET ADDRESS	8251 SW 171 TERRACE	2.3 STREET ADDRESS	MIAMI, FL 33158	2.3 STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE		3.1 TITLE		3.1 TITLE	
NAME	NANCY C. FISHER	3.2 NAME		3.2 NAME		3.2 NAME	
STREET ADDRESS	8221 SW 142 ST	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
NAME		4.2 NAME		4.2 NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
NAME		5.2 NAME		5.2 NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME		6.2 NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 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: *Nancy C. Fisher*

April 16, 1998 305-235-7177

CR2E034 (10/97)