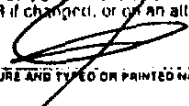


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 JUL 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000094957 1. Corporation Name Salmos: 23			
Principal Place of Business 277 East 4 Street Hialeah, FL 33010		Mailing Address 277 E 4 Street Hialeah, FL 33010	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/14/95		3a. Date of Last Report	
4. FEI Number 65-0625291		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent Arturo Godinez 277 E 4 Street Hialeah, FL 33010		10. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, ST, ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY, ST, ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY, ST, ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST, ZIP 12.16 TITLE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST, ZIP 13.13 TITLE		14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Arturo Godinez 4/25/97	

CR2E034 (9/96)