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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032279 (7)

1. Corporation Name
SALUDMIEL, INC.



Principal Place of Business

3712 WEST CASS ST. APT 27
TAMPA FL 33609

Mailing Address

POST OFFICE BOX 1016
PLANT CITY FL 33584-1016

3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report N/A
4. FEI Number 59-338 2523	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 3124 SKYVIEW DR.

Suite, Apt. #, etc.

22 LOT 5

City & State

23 LAKELAND FL.

Zip

24 33801

Country

25 POLA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RUBIO, ADELA
5180 NW 7TH AVENUE
APT 708
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name MARTA RUBIO
82 Street Address (P.O. Box Number is Not Acceptable) 3124 SKYVIEW DR. LOT. 5
83
84 City LAKELAND FL
85 Zip Code 33801

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 *Rafael Rubio (P)* *Marta Rubio* *04-20-1997*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE INCORPORATOR <input checked="" type="checkbox"/> DELETE	NAME IRENE MIRANDA
STREET ADDRESS UNKNOWN	CITY-STATE-ZIP
TITLE INCORPORATOR <input checked="" type="checkbox"/> DELETE	NAME MARTA RUBIO
STREET ADDRESS 3124 SKYVIEW DR. LOT 5	CITY-STATE-ZIP LAKELAND FL 33801
TITLE PRESIDENT <input type="checkbox"/> DELETE	NAME RAFAEL A. RUBIO SR.
STREET ADDRESS 3124 SKYVIEW DR. LOT 5	CITY-STATE-ZIP LAKELAND FL 33801
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE INCORPORATOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME RAFAEL A. RUBIO JR.
1.3 STREET ADDRESS 3124 SKYVIEW DR. LOT 5	1.4 CITY-STATE-ZIP LAKELAND FL 33801
2.1 TITLE INCORPORATOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME MARTA ADNELYS RUBIO
2.3 STREET ADDRESS 3124 SKYVIEW DR. LOT. 5	2.4 CITY-STATE-ZIP LAKELAND FL 33801
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I do 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: *Rafael Rubio Sr. (P)* *04-20-1997 (94)6680996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)