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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P96000045944 (1)

1. Corporation Name

MICHAEL SALVADOR DESIGN & MANUFATURING, INC.

Principal Place of Business	Mailing Address
2293 WEST 77 STREET HIALEAH FL 33016	2293 WEST 77 STREET HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05-30-96	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0677977	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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

CORTIZO, MIGUEL S
2293 WEST 77 STREET
HIAELAH FL 33016

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P,D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CORTIZO, MIGUEL S.	12 NAME	
STREET ADDRESS	2293 WEST 77 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	14 CITY-ST-ZIP	
TITLE	VP,D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CORTIZO, MIGUEL	22 NAME	
STREET ADDRESS	2293 WEST 77 STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP	
TITLE	S,T ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MARGARITA MATIAS-TAWIL	32 NAME	
STREET ADDRESS	2293 WEST 77 STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TITA CORTIZO	42 NAME	
STREET ADDRESS	2293 WEST 77 STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***158.75

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: Lisa Cortizo 4-10-98 305-553-4323

SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)