

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000086630 (6)  
1. Corporation Name  
SALSA-CASINO CORP.

Principal Place of Business: 1411 S.W. 124TH CT. #D MIAMI FL 33184  
Mailing Address: 1411 S.W. 124TH CT. #D MIAMI FL 33184-2399



2. Principal Place of Business: 21 BALLET CONCIERTO SCHOOL, 22 4180 SW 74 COURT, 23 MIAMI, FL  
2a. Mailing Address: 26 1411 SW 124 COURT, 27 UNIT D, 28 MIAMI, FL  
24 Zip: 33184, 25 Country: USA, 29 Zip: 33184, 30 Country: USA

3. Date Incorporated or Qualified: 10/18/1996  
3a. Date of Last Report  
4. FEI Number: 65-0729714  
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 has liability for its obligations under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
NICOLA, RAMANI  
1411 S.W. 124TH CT. #D  
MIAMI FL 33184

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 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's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> DELETE
NAME	RAMANI A. NICOLA	
STREET ADDRESS	1411 SW 124 CT Unit D	
CITY-ST-ZIP	MIAMI, FLORIDA 33184	
TITLE	V. PRESIDENT / TREASURER	<input type="checkbox"/> DELETE
NAME	NANCY NICOLA	
STREET ADDRESS	1411 SW 124 CT. Unit D	
CITY-ST-ZIP	MIAMI, FLORIDA 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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.

CR2E034 (9/96)