

FROM : GR SAO LUIZ

PHONE NO. : 55+21+3803 7789

MAR. 29 2004 14:19 P1

FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000100226																																		
1. Entity Name SALUS INTERNATIONAL CORPORATION																																		
Principal Place of Business 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134																																
DO NOT WRITE IN THIS SPACE																																		
01212004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-9713463 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$5.75 Additional Fee Forfeited																																		
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE																																
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																		
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) Signature, typed or printed name of registered agent and title of representative																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>CAVALCANTI, LUIS C</td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 PONCE DE LEON BLVD STE 603</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	CAVALCANTI, LUIS C	STREET ADDRESS	901 PONCE DE LEON BLVD STE 603	CITY-ST-ZIP	CORAL GABLES, FL 33134	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		05/04/04-80104-018 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 as changed, or on an attachment with an address, with or other like empowered.																																		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/29/04 (305) 444-1741 Date Daytime Phone #																																