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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014010 (7)

SALSA SALES CLUB INC.

Principal Place of Business Mailing Address 2261 W 52 ST 2261 W 52 ST **APT 201** APT 201 HALEAH FL 33016 DO NOT WRITE IN THIS SPACE HIALEAH FL 33016 3. Date Incorporated or Qualified 02/10/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0730060 21 26 Not Applicable Suite, Apt #, etc. Suite. Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DOMINGUEZ, HORACIO 1 Colai GARCIA Street Address (P.O. Box Number is Not Acceptable 2261 W 52 ST 20, **APT 201** w 83 HIALEAH FL 33016 84 City Zip Code LAleat 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis office or registered ager agent. I am familiar with GARC NICOLA SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DPST Change -Addition TITLE 1.1 TITLE W 52 37 201 **GONZALEZ, HORACIO** Nicolas 1.2 NAME NAME CR2E034 2261 W 52 ST APT 201 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 FL 33016 Aleas 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 THE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.4 CITY - ST- ZIP

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

14. Thereby certify that the information supplied with this tiling 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 of 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 change or on the attrictment with an officers.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

ux)

1/31/98 305-8218472

___ Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Feb 11 1998 8:00am

Secretary of State