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

Jun 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham' **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # P97000066987 (3) SALIME, INC. Principal Place of Business Mailing Address 8088 SOUTH ORANGE BLOSSOM TRAIL 8068 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32009 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/<u>04/</u>1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-21 Not Applicable 26 Suite, Apl. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED DAWWD 343 ALMERIA AVENUE ox Number is Not Acceptable) 82 Street CORAL GABLES FL 33134 DRANGE LLOSSOM 83 City 84 ORUMPO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DAOUD, SALIME A NAME 1.2 NAME CR2E034 8068 SOUTH ORANGE BLOSSOM TRAIL STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-S1-ZIP 1.4 C(TY-ST-7)F DELETE Addition Change TITLE 2.1.1ITLE DAWOUD, ALI J NAME 2.2 NAME 8068 SOUTH ORANGE BLOSSOM TRAIL STREET ADDRESS 23 STHEET ADDRESS **ORLANDO FL 32809** 2 4 CITY-ST-ZIP DITY-ST-7/E DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C(1Y+ST-ZIP DELETE Addition TITLE 4.1 THEE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TIBLE Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DLLETE TITLE 6.1 TITLE Change Addition **90**0002571465 -06/24/38--01086--002 NAME 6.2 NAME b-a STREET ADDRESS 6.3 STREET ADDRESS *** 6 4 CiTY - \$1 - ZIP

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 suppliemental 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

5-29-98

Block 12 or Block 13 if changed, or on an attachment with an address.

Ali N Amoul

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