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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075916 (1)

1. Corporation Name

SALSA ENTERPRISES, INC.

Principal Place of Business

108 S MIAMI AVE SUITE 300
MIAMI FL 33130

Mailing Address

108 S MIAMI AVE SUITE 300
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

65-0779370

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 8300 W. Flagler St.

26 8300 W. Flagler St.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Miami FL

29 Miami FL

25 Zip

30 Zip

26 Country

31 Country

27 USA

32 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEN-DAVID, GAL
108 S MIAMI AVE SUITE 300
MIAMI FL 33130

81 Name

Ben-David Gal

82 Street Address (P.O. Box Number is Not Acceptable)

83

8300 W. Flagler St. # 165

84 City

Miami

FL

85 Zip Code

33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Gal Ben-David

Signature typed or printed name of registered agent and title, if applicable

(Not a Registered Agent signature required when reinstating)

3/31/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEN-DAVID, GAL
STREET ADDRESS 108 S MIAMI AVE SUITE 300
CITY-ST-ZIP MIAMI FL 33130

1.1 TITLE D
1.2 NAME Ben-David Gal
1.3 STREET ADDRESS 16840 NE 19 Ave.
1.4 CITY-ST-ZIP NMB FL 33162

TITLE R
NAME Rene D. Gueits
STREET ADDRESS 699 W. 14th St
CITY-ST-ZIP Hialeah, FL 33010

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME Xiomara Concepcion
STREET ADDRESS 1810 W 56th St #3117
CITY-ST-ZIP Hialeah FL 33012

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

Gal Ben-David

3/31/98

35-948-000

CR2E034 (10/97)