

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90031 020 \*\*\*150.00

0210447

DOCUMENT # P97000075916

1. Corporation Name

SALSA ENTERPRISES, INC.

Principal Place of Business

8300 W FLAGLER ST  
165  
MIAMI FL 33144  
US

Mailing Address

8300 W FLAGLER ST  
165  
MIAMI FL 33144  
US

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BEN-DAVID, GAL  
8300 W FLAGLER ST  
165  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

Rene Gueits

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

699 W. 14 St.

83

84 City

Hialeah

FL

85 Zip Code  
33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	BEN-DAVID, GAL	
STREET ADDRESS	16840 NE 19TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	P	DELETED
NAME	GUEITS, RENE D	
STREET ADDRESS	699 W 14TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	DELETED
NAME	CONCEPCION, XIOMARA	
STREET ADDRESS	1810 W 56TH ST, 3117	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Alberto LINARES		
1.3 STREET ADDRESS	11257 S.W. 111CT RD.		
1.4 CITY-ST-ZIP	MIAMI, FL 33176		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/27/99 (305) 220-7115

CR2E034 (11/98)