04301999-90097-001-\$150.00-\$150.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 30, 1999 8:00 am Secretary of State

ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS								04-30-	1999 90	097 001 **	**150.00
Corporation		80000	22467					-			
SALGARS	SON, INC.							LESES (BLIL ERIS)		CO TROLE HANG STRIL	
	·•·,										
Principal Place			Mailing Address				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8424 MIRAMAR F MIRAMAR FL 330		•	8424 MIRAMAR PARKW MIRAMAR FL 33025	/AY	•		· ·				
F MANAGEMENT 7E SOC			MINAMAN PL 30023					DO NOT W	RITE IN TH	IS SPACE	
							3. Date incorporat	ed or Qualife	ed .		
2 03 -1 -1 -1 -1	, ,		2- M-10- Add				03/10/1998			тт.	
2. Principal Pla	1 1 -		2a. Mailing Address				4. FEI Number	1888	1	├ ─ ├ ─ <u>`</u>	plied For at Applicable
Suite, Apt. #.		<u> </u>	Suite, Apt. #, etc.	m <u>e</u>	' -	· -				\$8.75	
22			27				5. Certificate of Sta	tus Desired		Fee Re	
State 23	itation	FI	City & State				Election Campa Trust Fund Con	-	9 🗅	\$5.00 Added	
Zie 333'	24 Country		Zip	Cou	ntry		This corporation Personal Proper		ment year t	ntangible Yes	□No
	9. Name and Addres	s of Current Re	gistered Agent				10. Name and Add	ress of Nev	Registere	d Agent	
SNG	AR, HERNANDO A				B1 Name	الم	GAR. +	tern	au d	a A-	
8424 MIRAMAR RARKWAY						Addres	s (P.O. Box Number	is Not Acce	otable)	U	·
	MAR FL-33025			1	83	02	v ~ w	304			
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11. Pursuant to	the provisions of Section distered agent, or both, if familiar with, and accept	ons 607.0502 and	d 607,1508, Florida Sta	itutes, the ab	xove-named	corpora	ation submits this sta	tement for th	e purpose o	of changing its	registered
agent. 1 am	familiar with, and accep	of the obligations	of, Section 607.0505,	Florida Statu	by the corpo ites.	orauon	s board of directors.	Hereby acc	ept the app	munera as reg	Jistereu
SIGNATURE _	gnature, typed or printed name of		and a second	OTE: Registered	• • - 				DATE		
12.		FICERS AND DI		13.	-gent signature i	edoseo w	ADDITIONS/CHA	NGES TO C			
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ST. ZIP					-ST-ZIP			<u>-</u> -		ПС	□ Addison
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i4. Thereby 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 AND TYPED OR PROVIED NAME OF SIGNAM DIFFICER OR DIRECTOR 954-7556873

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