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

Mailing Address

407 LINCOLN ROAD. STE. 5-B

MIAMI BEACH FL 33139

PROFIT CORPORATION ANNUAL REPORT

1999

SALMON APPLIANCE, INC.

1. Corporation Name

Principal Place of Business

407 LINCOLN ROAD, STE. 5-B

MIAMI BEACH FL 33139



DOCUMENT # P98000022687

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90036 031 ***150.00

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DO NOT WRITE IN THIS SPACE

				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 03/11/1998				
Principal Place of Business 2a. Mailing Address		2a. Mailing Address				4. FEI Number		X.	Applied For
21									Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		5_Certifcate of Stat	tus Desired		Additional	
27								Fee I	Required
City & State City & State					6. Election Campaig	gn Financing		O May Be	
23					Trust Fund Contr	ribution	Adde	d to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
24	25 29 30		30			Personal Propert		Yes	No
	9. Name and Address of Curren	t Registered Agent		+		10. Name and Addr	ress of New Registere	a Agent	
DOLT	o une c			81	Name	٤,			
BRITO, LUIS G				82 Street Address (P.O. Box Number is Not Acceptable)					
407 LINCOLN ROAD, STE. 5-B									
MIAI	MI BEACH FL 33139			83					
				84	City ,			. 85 Zij	o Code
					•		<u> </u>	L	
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 ager	nt and title if applicable. (NOTE:	: Registere	d Agent s	signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	13.		ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECT	FORS IN 12
TITLE	DPVS	☐ DELETE	1.1 T	TLE				Change	e 🗌 Addition
NAME	SALMON, JOSE R	I, JOSE R		1.2 NAME					
STREET ADDRESS	1720 W 60 ST., #B3		1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012		1.4 0	1.4 CITY-ST-ZIP			_		
TITLE	T			2.1 TITLE				☐ Change	e
NAME	SALMON, JOSE R		2.2 N	2.2 NAME					1
STREET ADDRESS	1720 W 60 ST., #B3		2.3 5	2.3 STREET ADDRESS					}
CITY-ST-ZIP	HIALEAH FL 33012		2.40	2, 4 CITY-ST-ZIP					_
TITLE		DELETE 3.1 T		ITLE				Change	e 🔲 Addition
NAME			3.2 N	3.2 NAME					
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. 0	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE		4.1 T	4.1 TITLE				☐ Chang	e
NAME			4.21	NAME	Į				
STREET ADDRESS			438	STREET A	DORESS				
CITY-ST-ZIP			440	CITY-ST-	ZIP				
TITLE		☐ DELETE	_	TITLE	_,			☐ Chang	e Addition
NAME			5.2 N	5.2 NAME		•			
STREET ADDRESS		•••	538	STREET A	ODRESS	0 1			
CITY-ST-ZIP			5.4 C	CITY-ST-	ZIP 😅				
TITLE		☐ DELETE	6.1,T	III.E		17		☐ Chang	e Addition
NAME			6,21	WE'		6). 400			
STREET ADDRESS			6.3 5	HIELE.	0666				
		of the file	1.17	JIV SI	2016	3			
CITY-ST-ZIP		()		1	100	100 (2016) Flo	rida Statutos I further o	416. 464 46.	

I hereby certify that the information supplied with this filing does not. ection 119.07(3)(f), Florida Statutes. Flurther certify that the informati Shall have the same legal effect as if made under oath; that I am an indicated on this annual/report or supplemental annual report is true and accurate and in officer or director of the corpolation or the receiver of trustee empowered to execute this Block 12 or Block 13 if changed, or on an attachment with an address; with all other like. d by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #