


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90203 027 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000084537**

1. Corporation Name

**SALVATORI CASTANO GOMEZ CORPORATION**

Principal Place of Business

12615 S.W. 91ST STREET  
MIAMI FL 33186

Mailing Address

12615 S.W. 91ST STREET  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

65-0919278

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

Zip

Country

9. Name and Address of Current Registered Agent

BROUWER, IRAIDA R  
12615 S.W. 91ST STREET  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME GOMEZ, MANUEL S  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ DELETENAME GOMEZ, MARIA R  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ DELETENAME GOMEZ, FABIOLA E  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ DELETENAME GOMEZ, GABRIELA E  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ DELETENAME GOMEZ, CONSUELO I  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ DELETENAME GOMEZ, LUZ I M  
STREET ADDRESS 12615 S.W. 91ST STREET  
CITY-ST-ZIP MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 submitted 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 other periodic 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 a duly authorized agent 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.

SIGNATURE: 

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (305) 261-1945

CR2E034 (11/98)