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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S99702** (0)

1. Corporation Name  
**FLORIDA FIBER INDUSTRIES, INC.**

Principal Place of Business  
**3200 NW 110 STREET  
MIAMI FL 33167-3718**

Mailing Address  
**3200 NW 110 STREET  
MIAMI FL 33167-3718**



3. Date Incorporated or Qualified **12/09/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0303841** Applied For  
21 **Citicenter - 290 N.W. 165** 27 **Citicenter-290 N.E.165 ST** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22 **Suite # 750** 27 **Suite # 750** 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State City & State 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

23 **Miami, Florida** 28 **Miami, Florida** 24 **33169** 25 **U.S.A.** 29 **33169** 30 **U.S.A.**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**SALAMA, ELIAS  
3802 NE 207TH STREET, TOWNHOUSE TH7  
SUITE 818  
AVENTURA FL 33180**

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	<b>P SALAMA T., ELIAS M.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>3802 NE 207TH STREET, TOWNHOUSE TH7</b>	13 STREET ADDRESS	
	<b>AVENTURA FL</b>	14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>V SALAMA T., ALBERTO M.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>401 HOLIDAY DRIVE</b>	22 NAME	
	<b>HALLANDALE FL</b>	23 STREET ADDRESS	
		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>V SALAMA T., SAMUEL M.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>3802 NE 20TH STREET, APT 1702</b>	3.2 NAME	
	<b>AVENTURA FL</b>	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/97 305 970060

CR2E034 (9/96)