

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

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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
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DOCUMENT # P94000051023 (7)

1. Corporation Name:
THE SALAZAR GROUP, INC.



Principal Place of Business 11241 SW 7TH TERR. MIAMI FL 33174	Mailing Address 11241 SW 7TH TERR. MIAMI FL 33174-1176
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3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21 15453 SW 95th Lane Suite, Apt. #, etc.	2a. Mailing Address 26 13800 SW 8th Str. Suite, Apt. #, etc.	4. FEI Number 65-0503481	Applied For Not Applicable
22 n/a City & State	27 # 388 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> Same	\$8.75 Additional Fee Required
23 miami, FL Zip Country	28 miami, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33196 25 USA	29 33184 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALAZAR, CARLOS R 11241 SW 7TH TERR. MIAMI FL 33174	10. Name and Address of New Registered Agent 81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) 15453 SW 95th Lane 83 84 City miami 85 Zip Code FL 33196
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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: Marta M. Villaverde-Salazar DATE: 4/17/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SALAZAR, CARLOS R	1.1 TITLE	1.2 NAME
STREET ADDRESS 11241 SW 7TH TERR.	CITY-ST-ZIP MIAMI FL 33174	1.3 STREET ADDRESS 15453 SW 95th Lane	1.4 CITY-ST-ZIP miami, FL 33196
TITLE VPD	NAME SALAZAR, NELSON M	2.1 TITLE VPD	2.2 NAME Salazar, marta v.
STREET ADDRESS 11241 SW 7TH TERR.	CITY-ST-ZIP MIAMI FL 33174	2.3 STREET ADDRESS 15453 SW 95th Lane	2.4 CITY-ST-ZIP miami, FL 33196
TITLE TD	NAME SALAZAR, MARTA V	3.1 TITLE	3.2 NAME
STREET ADDRESS 11241 SW 7TH TERR.	CITY-ST-ZIP MIAMI FL 33174	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 of changes on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/17/97 DAYTIME PHONE: 305 387-1668

CR2E034 (9/96)