

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

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**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000051023 (7)
1. Corporation Name
THE SALAZAR GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
15453 SW 95TH LANE MIAMI FL 33196 US **13800 SW 8TH ST #388 MIAMI FL 33184 US**

3. Date Incorporated or Qualified
07/11/1994
4. FEI Number
65-0503481 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 **12350 SW 132th Ct.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#208** 27
City & State City & State
23 **MIAMI, FL 33186** 28
Zip Country Zip Country
24 **33186** 25 **US** 29 **US** 30

9. Name and Address of Current Registered Agent
**SALAZAR, CARLOS R
15453 SW 95TH LANE
MIAMI FL 33196**

10. Name and Address of New Registered Agent
81 Name **CARLOS R. SALAZAR**
82 Street Address (P.O. Box Number is Not Acceptable)
12350 SW 132 CT.
83
84 City **MIAMI** FL 85 Zip Code **33186**

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 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 **CARLOS R. SALAZAR PD** DATE **4/21/98**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALAZAR, CARLOS R	
STREET ADDRESS	15453 SW 95TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SALAZAR, MARTA V	
STREET ADDRESS	15453 SW 95TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD (PREVIOUS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLOS R. SALAZAR	
1.3 STREET ADDRESS	12350 SW 132 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE	VPD (NEW OFFICER)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTA SALAZAR	
2.3 STREET ADDRESS	12350 SW 132 CT.	
2.4 CITY-ST-ZIP	MIAMI, FL 33186	
3.1 TITLE	TREASURER, SEMINOLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATHERINE KARNER	
3.3 STREET ADDRESS	12350 SW 132 CT.	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUIS SALAZAR	
4.3 STREET ADDRESS	12350 SW 132 CT.	
4.4 CITY-ST-ZIP	MIAMI, FL 33186	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 incorporator 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 **CARLOS R. SALAZAR PD** DATE **4-21-98** (305) 331-1272

CR2E034 (10/97)