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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90063 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000045427**

1. Corporation Name  
**SAM HOLDING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 C/O T.H. BUSCAGLIA & ASSOC.. ATTN: TOM B. 111 S.W. 5TH AVE.. STE 200 WARNER PLACE MIAMI FL 33130-1381  
 C/O T.H. BUSCAGLIA & ASSOC.. ATTN: TOM B. 111 S.W. 5TH AVE.. STE 200 WARNER PLACE MIAMI FL 33130-1381

3. Date Incorporated or Qualified  
**05/14/1996**

4. FEI Number **65-0710149** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 c/o T. H. Buscaglia & Ass. 26 c/o T. H. Buscaglia & Ass.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 80 S.W. 8th St., Suite 2100 27 80 S.W. 8th St., Suite 2100  
 City & State City & State

23 Miami, Florida 28 Miami, Florida  
 Zip Country Zip Country

24 33130 25 U.S.A. 29 33130 30 U.S.A.

9. Name and Address of Current Registered Agent

**COMPANY AGENT, INC**  
~~111 SW 5TH AVE~~ 80 Southwest 8th St.  
~~SUITE 200 WARNER PLACE~~ Suite 2100  
~~MIAMI FL 33130-1381~~ Miami, Florida 33130

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CARDINALI, TONY K</b>
STREET ADDRESS	<b>4118 VENTURA AVE</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
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	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tony K. Cardinali</b>
1.3 STREET ADDRESS	<b>1028 Valencia Avenue</b>
1.4 CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Tony K. Cardinali* **Tony K. Cardinali** 4/26/99 (305) 445-9645  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)