

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Murrin
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **540924** (8)
SAUMAR, INC.

APPROVED AND FILED
MAY 11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address		2a. Mailing Address		3. Date of Incorporation (or Assumed)		3b. Date of Last Report	
2 S. BISCAYNE BLVD 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1809		2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1809		06/28/1977		04/13/1994	
2. Director (Print Name)	21. Director (Title)	2b. Mailing Address	26. Mailing Address	4. FEI Number	Adjusted For Not Applicable		
				65-0124430			
22. Director (Title)	27. Director (Address)	5. Certificate of Status Document		\$8.75 Additional Fee Required			
23. Director (Address)	28. Director (Title)	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24. Director (Title)	25. Director (Address)	29. Director (Address)	30. Director (Title)	7. Director (Signature) (See Instructions for Signature) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
VALDES-FAULI CORPORATE SERVICES INC. 2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131		81. Name 82. Street Address (P.O. Box Number or Post Office) 83. 84. City, State, Zip Code FL 85. Zip Code			

11. The signatory has provided Florida State Department of State with a true and correct copy of the corporation's financial statements for the purpose of completing the required filing. The signatory certifies that the information provided is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes, except the appointment of the registered agent. Failure to provide this information may result in the corporation being deemed to be in violation of the Florida Statutes.

12. OFFICER, DIRECTOR, AND SHAREHOLDER	13. ADDRESS FOR CONTACT (SEE INSTRUCTIONS AND CHECK TYPE OF OFFICER)
NAME: PD SAUERBREY, ROSEMARIE ADDRESS: 2 S. BISCAYNE BLVD. MIAMI FL	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: SD SAUERBREY, MAURICIO ADDRESS: 2 S. BISCAYNE BLVD. MIAMI FL	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: AS VALDES-FAULI, RAUL (ASST) ADDRESS: 2 S. BISCAYNE BLVD. MIAMI FL	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address
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NAME:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the registration status in accordance with the Florida Statutes. I further certify that the information is accurate for the annual report or supplementary annual report as filed 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 reason for my signature is as provided for herein. This report is required by Chapter 607, Florida Statutes, and that my name appears on the list of those who are required to file an affidavit with this filing.

SIGNATURE: *Linda B. Murrin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/20/95