

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **540924** (8)
1. Corporation Name
SAUMAR, INC.



Principal Place of Business: **2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1809**
Mailing Address: **2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1809**

3. Date of Incorporation (or Qualification): **06/28/1977**
3a. Date of Last Report: **05/01/1995**
4. FIC Number: **65-0124430** Applied For Not Applicable
5. Certificate of Status Disclosed: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES INC. 2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131

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 607.0607 and 607.1803, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	NAME	13. 1. TITLE	2. NAME	3. TITLE	4. NAME
STREET ADDRESS	PD SAUERBREY, ROSEMARIE	14. STREET ADDRESS	15. STREET ADDRESS	16. TITLE	17. NAME
CITY, ST, ZIP	2 S. BISCAYNE BLVD. MIAMI FL	18. CITY, ST, ZIP	19. CITY, ST, ZIP	20. TITLE	21. NAME
TITLE	SD SAUERBREY, MAURICIO	22. TITLE	23. STREET ADDRESS	24. CITY, ST, ZIP	25. NAME
NAME	2 S. BISCAYNE BLVD. MIAMI FL	26. TITLE	27. STREET ADDRESS	28. CITY, ST, ZIP	29. NAME
STREET ADDRESS	AS VALDES-FAULI, RAUL (ASST)	30. TITLE	31. STREET ADDRESS	32. CITY, ST, ZIP	33. NAME
CITY, ST, ZIP	2 S. BISCAYNE BLVD. MIAMI FL	34. TITLE	35. STREET ADDRESS	36. CITY, ST, ZIP	37. NAME
TITLE		38. TITLE	39. STREET ADDRESS	40. CITY, ST, ZIP	41. NAME
NAME		42. TITLE	43. STREET ADDRESS	44. CITY, ST, ZIP	45. NAME
STREET ADDRESS		46. TITLE	47. STREET ADDRESS	48. CITY, ST, ZIP	49. NAME
CITY, ST, ZIP		50. TITLE	51. STREET ADDRESS	52. CITY, ST, ZIP	53. NAME
TITLE		54. TITLE	55. STREET ADDRESS	56. CITY, ST, ZIP	57. NAME
NAME		58. TITLE	59. STREET ADDRESS	60. CITY, ST, ZIP	61. NAME
STREET ADDRESS		62. TITLE	63. STREET ADDRESS	64. CITY, ST, ZIP	65. NAME
CITY, ST, ZIP		66. TITLE	67. STREET ADDRESS	68. CITY, ST, ZIP	69. NAME

14. I do hereby certify that the information supplied herein is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer 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 change form on attachment with an affidavit.

SIGNATURE: *Rosemarie Sauerbrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosemarie Sauerbrey

March 1/96 (305) 376-6000

CR2E034 (12/95)