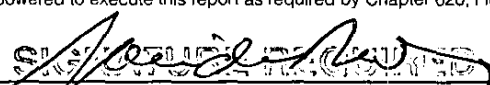


2001 UNIFORM BUSINESS REPORT (UBR)

0003696
AF

DOCUMENT # A96000000450					
1. Entity Name SLOMAN FINANCE, LTD.					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SULLIVAN, JOHN S C/O PRS INTERNATIONAL 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
\$10,000.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000020710		STREET ADDRESS		
NAME	SLOMAN FINANCE, INC. BVI		CITY-ST-ZIP		
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 850				
CITY-ST-ZIP	MIAMI FL 33131				
DOCUMENT #	F96000001157		STREET ADDRESS	600004422076--6	
NAME	SLOMAN FINANCE CORP.		CITY-ST-ZIP	06/15/01-01040-025	
STREET ADDRESS	THE LAKE BUILDING, FIRST FLOOR			****158.75 ****158.75	
CITY-ST-ZIP	ROAD TOWN, TORTOLA, BR. VIR IS				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			JAVIER DE OTADUY 4/20/01		305-381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

FILED

01 JUN -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2ED003 (11/00)