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

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1998

FILED Feb 19 1998 8:00am Secretary of State

DOCUMENT # F9500001397 (7)					
· ·	SA HOLDINGS, INC.				
					A
Principal Plac	e of Business	Mailing Address		{	: 0
5415 COLLINS AVENUE, SUITE 305 5750 NORTH BAY ROAD			1		
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 03/23/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0558798	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
DE BERDOUARE, CHRISTIAN			B1 Name		
5750 NORTH BAY ROAD MIAMI BEACH FL 33140			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI DEACH FL 33140			83		
			84 City		85 Zip Code
				<u>FL</u>	•]]]
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					
	Signature, typed or printed name of registered agent		TE: Registered Agent signatura requi		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Change Addition
NAME	DE BERDOUARE, CHRISTIAN	Decirie	1.1 T/TLE 1.2 NAME		Containing Contractions
STREET ADDRESS	5750 NORTH BAY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	A	1	6.3 STREET ADDRESS		
CITY-ST-ZIP	AAA		6.4 CITY-ST-ZIP	C-11-140 07/0V0 Florida Ciabata 14 Maria	

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ownered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in tress. I hereby certify that the informat indicated on this annual report officer or director of the corpora Block 12 or Block 13 if change