FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M74561** **(5)**

1. Corporation Name

SAE OF AMERICA, INC.

Principal Place of Business
~~1500 S DIXIE HWY., STE 350~~
~~CORAL GABLES FL 33146~~

Mailing Address
~~1500 S DIXIE HWY., STE 350~~
~~CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 1200 Brickell Avenue
Suite, Apt. #, etc.
22 Suite 305
City & State
23 Miami, Florida
Zip 24 33131 Country 25

2a. Mailing Address
26 1200 Brickell Avenue
Suite, Apt. #, etc.
27 Suite 305
City & State
28 Miami, Florida
Zip 29 33131 Country 30

4. FEI Number: 59-2881275 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FENTON, JAMES P.
1500 S. DIXIE HWY.
SUITE 350
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Fenton, James P.
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue
83 Suite 305
84 City: Miami FL 85 Zip Code: 33131

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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~ ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	~~FENTON, JAMES P.~~	1.2 NAME	Fenton, James P.
STREET ADDRESS	~~1500 S DIXIE HWY, #350~~	1.3 STREET ADDRESS	1200 Brickell Avenue, Suite 305
CITY-ST-ZIP	~~CORAL GABLES FL~~	1.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	~~S~~ ☐ DELETE	2.1 TITLE	S ☒ Change ☐ Addition
NAME	~~POWELL, JEFFERSON N. JR.~~	2.2 NAME	Powell, Jr., Jefferson N.
STREET ADDRESS	~~1500 S DIXIE HWY, #350~~	2.3 STREET ADDRESS	1200 Brickell Avenue, Suite 305
CITY-ST-ZIP	~~CORAL GABLES FL~~	2.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/4/96 (305) 373-6930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #