FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000090104

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OFFERINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90180 022 ***158.75

SARMLE	NTO HOLDINGS, INC.	V		• .
	O NOT WRITE	IN THIS S	PACE	,
2. Principal Place of Business 3. Mailing Address			A Line of the Residual Street Annual Control of the	
444 Brickell Avenue		444 Brickell Avenue		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Suite 600		Suite 600		
City & State		City & State		4. FEI Number Applied For
<i>liami, F)</i> Zip	Country	Miami, Ff Zip	Country	65-1157004 Not Applica
33131	USA	33131	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
ar Terriber			Name	7. Name and Address of Current Registered Agent
			William	G. Salim, Jr.
rin laba sin	DO NOT WI		Slicel Address	(P.O. Box Number is Noi Acceptable) orate Drive, Suite 510
	IN THIS SP	ACE	Segment over Concern	orace bribe, succe 210
eriotal substitution			City Fort Law	derdale FL Zip Code 333334
8. The above n	named entity submits this statement for	the perpose of changing its	•	red agent, or both, in the State of Florida.
	1. 1-01	77		and again, or both, it the state of the tall.
SIGNATURE _	$-(\lambda,\lambda)\lambda\lambda \Rightarrow$		William G. Sal E: Registered Agent signwure require	in. Ir. 426/02
S	ilgnature, typed or printed name of registered agent at	nd title if applicatile. (NOT	E: Registered Agent signature require	d when relestating) DATE
	ation is eligible to satisfy its Intangible quirement and elects to do so.	After May	/ay 1, Fee is \$150.00 11, Fee is \$550.00 d.UBR is \$61.25	10. Election Campaign Financing \$5.00 May B
(See criteria			ble to Department of Sta	
11.	OFFICERS AND D	DIRECTORS	minating Cale h	AND THE PROPERTY OF THE PROPER
TITLE	D		THE FIRST	The Carlot and the Ca
3MAN	Eduardo Terranova		NAME TO DO THE STATE OF THE STA	
STREET ADDRESS CITY-ST-ZIP	444 Brickell Avenue,	Suite 600	STREET ADDRESS CITY ST. ZIP	
	Miami, FL 33131			
TITLE NAME			NAME	
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name			NAME TO THE STATE OF	
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CITY - ST - ZIP			CITY-ST. ZIP	24 Miles Controlled actions in the Control of the C
ITTLE				IN THIS SPACE
STREET ADDRESS			NAME	
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NAME			NAMES 1991	
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CITY-ST-ZIP			CITY ST ZIP	
TITLE			TITLE & P. S.	
NAME			NAME STREET ADDRESS	
STREET ADDRESS			STREET, ADDRESS CHY-ST-ZIP	
CHY-S1-ZIP		not provide a second of		A I O OTATION Charles Charles I France Control of the Annual Contr
 I hereby ce indicated o 	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify fo true and accurate and that i	ir the exemption stated in Si my signature shall have the	ection (19.07(3)ti). Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director.
13. Thereby 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 or supplemental 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 11 or on an attachment with an address, with all other like empowered.				