


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000078274 1. Entity Name SANTANDER MANAGEMENT CORP.	
---	---

Principal Place of Business 420 LINCOLN ROAD SUITE 600 MIAMI BEACH, FL 33139	Mailing Address 420 LINCOLN ROAD SUITE 600 MIAMI BEACH, FL 33139
---	---

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0561162	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY
 1101 BRICKELL AVENUE
 SUITE 800 - SOUTH
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000075573
 03/03/04-80065-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANDER, FLAVIO E 420 LINCOLN ROAD #600 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Flavio E. Santander Date: 02/26/04 Daytime Phone #: 305 538-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR