

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90041 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000041735

1. Corporation Name
SAME, INC.

Principal Place of Business
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1900
 MIAMI FL 33133

Mailing Address
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1900
 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1996

4. FEI Number
65-0668833

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
 2601 SOUTH BAYSHORE DRIVE
 19TH FLOOR
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COHEN, JEFFREY M	1.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR STE 1900	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD BERKE, MICHAEL A	2.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR STE 1900	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP BERNSTEIN, RICHARD N	3.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR STE 1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRODIE, STEVEN J	4.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR STE 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP KONDELL, KAREN P	5.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR STE 1900	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: _____ DATE: **4/1/99** DAYTIME PHONE #: **(305) 854-5900**

CR2E034 (1/1/98)