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

FILED Jun 10 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # SAM Holding, Inc. Principal Place of Business T.H. Busing lin & Ass Ath Tom Busing lin 111 Southwest 5th Ave Milling Address DO NOT WRITE IN THIS SPACE Saile 200 Warner Place 3. Date Incorporated or Qualified Mami FL 33130-1381 5/14/96 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0710149 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Žφ Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Company Agent, Inc. 111 S.W. 5th Ave. 82 Street 83 Suite 200- Warner Place FL 33130-1381 oz and 607.1508, Florida Statutes, the above-named ר מות בסיר הסיס, רוסומים בומוטנים, וויים מטסיים ווופר מידים מות מידים במידים ווופר מידים במידים במי COMPANY AGENT - THOMAS H. BUSCAGLIA, SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, President President Change □ DELETE 1.1 TITLE Addition TITLE Tony K. Gardineli Tony Ar Cardinali NAME 1.2 NAME 4118 Vectore due 4116 Ventura Ave The 13 STREET ADDRESS STREET ADDRESS Cownel Grove FL 35133 1.4 CITY - ST - ZIP Coconut Grove, FL 33133 CITY-ST-ZIP DLLETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - 7:P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP Addition DELETE Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-S1-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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 annual report or supplicational 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 trustoe 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

000002555666 Change -06/11/38--01056 -017

***150.00

NK. Carlingli 4/29/00 (305)324-6000 SIGNATURE:

DELETE

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME