2001 UNIFORM BUSI	NESS REPU	RT (UBR	}	* * *		OR	
OCUMENT # P9600065608 Entity Name				FILED			
SANATRIX, U.S.A., CORP.				OI AUG 20 PM	1:34		
Principal Place of Business         Mailing Address           19270 SW 115 AVE         19270 SW 115 AVE           MIAMI FL 33157         MIAMI FL 33157				SECRETARY OF TALLAHASSEE. F			
2. Principal Place of Business							
Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN THIS SPACE				
City & State	City & State City & State		4.	4. FEI Number 65-0747308		Applied For Not Applicable	
Zip Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	Iditional	
6. Name and Address of Current F	Registered Agent		7	Name and Address of New Registers	d Agent		
MALEDO, CARLOS 9745 MILLER DR		Name Street Add	ress (P.O. E	Box Number is Not Acceptable)			
MIAMI FL 33165		City	1		Zip Cod	<b>4</b> 0	
8. The above named entity submits this statement or					Zip Coo	16	
SIGNATURE  Signature, typed or printed name of registered agent are  9. This corporation is eligible to satisfy its Intangible	nd title if applicable. (NOTE	:: Registered Agent signature	required when re	/_	<u>e/</u>	<u> </u>	
Tax filing requirement and elects to do so. (See criteria on back)	After September 12 Make Check Payab			10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11. OFFICERS AND D		12.	AE	DITIONS/CHANGES TO OFFICERS A			
TITLE PD  NAME LERZA, NALDI  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Se es	000004585 -09/15/01 ****150.00	Change 9360- -01004() ) ****19		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	***		☐ Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP				The second of th	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				☐ Change	☐ Addition	
13. I hereby certify that the information supplied with t indicated on this report or supplemental report is t of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, with the supplemental reports in the suppleme	his filing does not qualify for rue and accurate and that merered to execute this report at the file of the rule o	the exemption stated y signature shall have as required by Chapte	in Section to the same I er 607, Florid	19.07(3)(i), Florida Statutes. I further of egal effect as if made under oath; that da Statutes; and that my name appear	s in Block 11 or	or director r Block 12 if	

Attachnent

Dre:# 196000065608

SANATRIX USA, CORP.

19720 SW 115TH Ave. Miami, FL. 33157

Miami, August 13, 2001

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## Annual Reports Section Ref. P96000065608

Dear Sir or Madam:

Enclosed please find a check # 1051, on the amount of \$150.00, to cover fees for 2001 Uniform Business Report (UBR).

We are requesting the late fee charge to this corporation for the fallowing reason:

Due to health reasons I was unable to do anything or any work and I was force to stay in a foreign country, not in the USA.

For this reason I delegate the supervision of my business to a person that she never send any payments or get in contact with any of my pending business. Therefore the fees for the 2001 UBR was never send to your office.

I have back to Miami yesterday and to day I was able to get in contact to a very nice person who ask me to send the paper work with a letter of explanation to let your department know the reason for my tardiness in filing the annual report.

Should you need further information, please do not hesitate to let us know.

Truly yours,

Naldi Lerza President 作12001 Uniterat