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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 689335

(8)

SAMCO GLOBAL ARMS, INC.

Principal Place of Business Mailing Address 6996 N.W. 43RD STREET 6995 N.W. 43RD STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied For** 59-2142433 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name COSTANZO, SARINO R. AMERIFIRST BLDG., SUITE 2150 Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVE 83 **MIAMI FL 33131** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE DOSSUL, GHULAM JILANI NAME 1.2 NAME 6995 N.W. 43RD STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE DOSSUL, GHULAM JILANI NAME 2.2 NAME 6995 N.W. 43RD STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NADING, VIRGINIA M. NAME 3.2 NAME 6995 N.W. 43RD ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY+ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZW 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Addition NAME 62 NAME STREET ADORESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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.

SIGNATURE:

Swelaw plani Sound

**FILED** 

May 04 1998 8:00am

Secretary of State