## 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 #
1. Corporation Name

(5)

SAMANTHA OF MIAMI, INC.

**FILED** Apr 17 1998 8:00am Secretary of State

<u> </u>	(34):	(  8183) 81811 81811 81811 1881

Principal Place of Business Mailing Address					E SABONI DIDAN TEWAN ANSAR EDIAN TARAN ONLI ANDIN A	TIMIN MANDA MANDA MANDA NANDA SONI
C/O J. DEL CUETO 2515 S.W. 7 ST. SUITE 1 2515 S.W. 7 ST. SUITE 1 MIAMI FL 33135 MIAMI FL 33135				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					01/03/1973	
· ·	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-0794659	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ad Agent
DE	L CUETO, JOSE		81	Name		
2515 S.W. 7 ST. SUITE 1		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MI	AMI FL 33135		83			
				ļ		
			84	City	<b>-</b>	85 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 register 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 register						e of changing its registered
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statule	<b>15</b> .		į
SIGNATURE	Signature, typed or printed name of registered	sound and Ole II envise able (AIO	If : Begintered Ar	nont eigneture roquis	red when reinstating) DATE	<del> </del>
12.		AND DIRECTORS	13.	icin dig lizaro roqui	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	RODRIGUEZ, FELIX		1.2 NAME			
STREET ADDRESS CALLE ZAMBESE 150, RIO PIEDRAS		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	\$AN JUAN P.R. 00927		1.4 CITY-	ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		•	Change Addition
NAME	RODRIGUEZ, MAGDA		2.2 NAME			
STREET ADDRESS	CALLE ZAMBESE 150, RIO	PIEDRAS	23 STREE	T ADDRESS	35	
CITY-ST-ZIP	\$AN JUAN P.R. 00927		2 4 CHY	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS			43 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	===		54 CITY-	ST-ZIP		
TITLE		☐ DELET <b>E</b>	6 1 THTLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREE	T ADDRESS		
CITY-ST-ZIP			64 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 roceiver 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.