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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 415889**

<ol> <li>Corporation</li> </ol>	n Name						
SAMANT	THA OF MIAMI, INC.						
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					<u> </u>	B)  0,011,019,11 0,011 0,011 0	
Principal Place	e of Business	Mailing Address					
C/O J. DEL CUETO C/O J. DEL CUETO 2515 S.W. 7 ST. SUITE 1 2515 S.W. 7 ST. SUITE 1					••		
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 Qualifed		
					01/03/1973		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied For t Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.			65-0794659	\$8.75 A	
<del></del>	#, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State	•		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.		MNo No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Regi	stered Agent	
DEI	CUETO, JOSE			}			
2515 S.W. 7 ST. SUITE 1				82 Street Add	ress (P.O. Box Number is Not Acceptable		
	MI FL 33135			83			
						85 Zip C	obo.
				84 City		FLII	
44 5	to the provisions of Sections 607,050	12 and/607/2508 Florida Sta	utes the a	bove-named con	poration submits this statement for the pur	pose of changing its	registered
11. Pursuant	to inceptorious of geompte opinion	oz ding doggiood, i londa dia		the diameter	b ef disenters. I boroby occount th	in appointment as rec	nistered
office or ragent. I a	registered agent, or both in the State	of Morida Such change (as	authorized Jorida Stat	by the corporat	ion's board of directors. I hereby accept the	ne appointment as reg	gistered
	egistered agent, or both in the state in familiar with, and accept the oblig-	(		050	poration submits this statement for the pur ion's board of directors. I hereby accept the	7-/4-	gistered 99
SIGNATURE	Systature, typed operinted pame of registered age	ent and titled if applications. (NC	TE: Registered	by the corporate	Les CUCS (ed when reinstating)	DATE	
SIGNATURE	Signature, ruled or frinted game of registered age OFFICERS AN	ent and till if applicable. (NC	OTE: Registered	Agent signature requir	Les Queso	DATE	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90019 028 \*\*\*150.00