

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90078 037 ***158.75

DOCUMENT # F23186

1. Entity Name
SAMERN CORP.



Principal Place of Business
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 US

Mailing Address
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 US



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2071601

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEVIN, NORMAN M
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHERN, MARSHALL M. 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVIN, NORMAN M 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOIACONO, VINCENT 717 PONCE DE LEON BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEVIN, MORTON 1940 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman M. Sevin* NORMAN M. SEVIN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04
Date

305-443-3747
Daytime Phone #