FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H85488 (5)

1. Corporation Name
SAMIR INC.

Principal Place of Business	Mailing Address
% SUMITRA K. PATEL 1541 S.CONGRESS AVE. DELRAY BEACH FL-33445-6325	% SUMITRA K. PATEL 1541 S.CONGRESS AVE. DELRAY BEACH FL-33445-6325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1985
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 4215 N.W. 10th STREET
22 Suite, Apt. #, etc.
23 City & State: DELRAY BEACH, FL.
24 Zip: 33445
25 Country: U.S.A.

2a. Mailing Address
26 4215 N.W. 10th STREET
27 Suite, Apt. #, etc.
28 City & State: DELRAY BEACH, FL.
29 Zip: 33445
30 Country: U.S.A

4. FEI Number: 59-2623313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

PATEL, SUMITRA K.
1541 S CONGRESS AVE
DELRAY BEACH FL-33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4215 N.W. 10th STREET
83
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PATEL, KISHOR	1.2 NAME	
STREET ADDRESS	1541 S.CONGRESS AVE.	1.3 STREET ADDRESS	4215 N.W. 10th STREET
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445.
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	PATEL, SUMITRA K.	2.2 NAME	
STREET ADDRESS	1541 S.CONGRESS AVE.	2.3 STREET ADDRESS	4215 N.W. 10th STREET
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445.
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: [signature] 4-14-95 (405) 495-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0698078 CP