

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # M91421

(1)

95 MAY -1 PM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAMADA EXPORT, INC.

Principal Office Address

Principal Office Address

7805 NW 7TH ST
MIAMI FL 33140
US

8152 SW 4TH ST
MIAMI FL 33144-1008
US

Date of Filing (Month/Day/Year)

3. Date of Incorporation 07/25/1988 3a. Date of Last Report 05/01/1994

2. Principal Office Address	2b. Mailed & Mailed	4. Filing Fee	5. Certificate of Status (Domestic)	6. Certificate of Status (Foreign)	7. Additional Fee Required
21. Certificate of Status (Domestic)	26. Certificate of Status (Foreign)	65-0067239			\$8.75
22. Certificate of Status (Domestic)	27. Certificate of Status (Foreign)				\$5.00 May Be Added to Fees
23. Certificate of Status (Domestic)	28. Certificate of Status (Foreign)				
24. Certificate of Status (Domestic)	29. Certificate of Status (Foreign)				
25. Certificate of Status (Domestic)	30. Certificate of Status (Foreign)				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASCUAL, SANTIAGO
8152 S.W. 4TH ST.
MIAMI FL 33144

81. Name	82. Street Address (If Not Registered Agent)	83. City	84. State	85. Zip Code
			FL	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished by the corporation in the foregoing report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

SIGNATURE

12. Name and Address of Agent	13. Address of Agent (If Not Registered Agent)
NAME: PSD PASCUAL, SANTIAGO 8152 S.W. 4TH ST. MIAMI FL	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

14. I, the undersigned, do hereby certify that the information furnished by the corporation in the foregoing report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Santiago Pascual

4-24-95 (305) 446-2055