

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041161 (9)

1. Corporation Name
SAMAT, INC.



Principal Place of Business

10480 SUNSET DRIVE
MIAMI FL 33143

Mailing Address

10480 SUNSET DRIVE
MIAMI FL 33143

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/09/1993

3a. Date of Last Report

04/17/1995

4. FET Number

65-0414986

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SAMATCHAISRI, SOMSAK
10480 SUNSET DRIVE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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 *Somsak Samatchaisri*

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

DATE Registered Agent's signature required for filing

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SAMATCHAISRI, SOMSAK
STREET ADDRESS 8035 SOUTHWEST 132ND STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE

NAME SAMATCHAISRI, SUNUND
STREET ADDRESS 8035 SOUTHWEST 132ND STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE D ☐ Change ☐ Addition

12 NAME Somsak Samatchaisri
13 STREET ADDRESS 11723 SW 110 TERRACE
14 CITY-ST-ZIP Miami Florida 33186

2 TITLE D ☐ Change ☐ Addition

22 NAME Sunund Samatchaisri
23 STREET ADDRESS 11723 SW 110 TERRACE
24 CITY-ST-ZIP Miami Florida 33186

3 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(k), 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.

SIGNATURE: *Somsak Samatchaisri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)