

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # A93000044011
1. Corporation Name
SAMARA REALTY CORP

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

01-01-94

3a. Date of Last Report

2. Principal Place of Business

21 595 MADISON AVE

2a. Mailing Address

26 595 MADISON AVE

4. FEI Number

13 3722690

Applied F.

Not Appli

Suite, Apt. #, etc.

22 SUITE 1010 C/O ED BERGER

Suite, Apt. #, etc.

27 STE 1010 C/O ED BERGER

5. Certificate of Status Desired

☐

\$8.75 Addition
Fee Required

City & State

23 NEW YORK NY

City & State

28 NEW YORK NY

6. Election Campaign Financing

☐

\$5.00 May B-
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

Zip

24 10022

Country

25 US

Zip

29 10022

Country

30 US

9. Name and Address of Current Registered Agent

XL Corporate Services Inc
4435 Old Winter Garden Rd
Orlando, FL 32811

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BREGER EDWARD E
STREET ADDRESS 595 MADISON AVE, STE 1010
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 1 TITLE ☐ Change ☐ Add

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Add

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Add

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Add

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Add

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Add

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

200001881272
-07/02/96--01046--005
***225.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

Dividing Privilege