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1998 FEB 27 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000044011

1. Corporation Name

Samara Realty Corp.

Principal Place of Business

40 Ed Bregor
595 Madison Ave
Ste 1010
New York, NY 10022

Mailing Address

40 Ed Bregor
595 Madison Ave
Ste 1010
New York, NY 10022

2. Principal Place of Business

1 20801 Biscayne Blvd

Suite, Apt., #, etc.

2 Suite 455

City & State

3 Aventura FL

Zip

4 33180

Country

25 US

2a. Mailing Address

20 20801 Biscayne Blvd

Suite, Apt., #, etc.

27 Suite 455

City & State

28 Aventura FL

Zip

29 33180

Country

30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06-22-93

4. FEI Number

13-3722690

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
Bregor, Edward E
STREET ADDRESS
595 Madison Ave Ste 1010
CITY-ST-ZIP
NY-NY-10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400 Park Ave. Floor 19
New York, NY 10022

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
200002445312--6
-03/03/98--01045--003
****323.75 ****323.75

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Daytime Phone # 0250646

CR2E034 (10/97)

Florida Department Of Revenue

Power of Attorney

STF
DR-835
R. 01/97

①

(1) Taxpayer Information

Taxpayer's Name(s) and Address (Please type or print.) Samara Realty Corp c/o Ed Breger 400 Park Ave. 19th Floor New York, NY 10022	Social Security Number(s)	FEIN
		13-3722690
	Daytime Telephone Number	Florida Tax Registration Number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

(2) Representative(s) (Please type or print.)

Name and Address Mitchell Klein 627 S. Main Street New City, NY 10956	Telephone No. 914-634-4674 Fax No. 914-634-2328
Name and Address	Telephone No. Fax No.
Name and Address	Telephone No. Fax No.

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

(3) Tax Matters

Type of Tax	Matter of Representation	Tax Periods
Corporate Annual Report	Corp. Annual Report & Rein-	1997 & 1998
	statement of corporation	

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters: (Strike through any which are not granted.)

- To execute waivers of restrictions on assessment or collection of deficiencies in tax;
- To execute consents extending the statutory period for assessment or claims for refund of taxes;
- To execute closing agreements under Section 213.21 of the Florida Statutes;
- To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;
- To delegate authority or to substitute another representative; and
- To perform other acts (be specific) _____

(4) Receipt of Refund Warrants: If you want to authorize a representative named in Section 2 to receive, but not to endorse or cash, refund warrants, initial here _____ and list the name of that representative below.

Name of representative to receive refund warrants _____

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in Section 2.

- a) If you want such notices and communications to go to you and not your representative, check this box ☐
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box ☐

(6) This Power of Attorney revokes all prior Powers of Attorney on file with the Florida Department of Revenue with respect to the same tax matters and tax periods listed on page 1, except the following:

STF
2

(7) Signature of or for taxpayer(s) _____

If signed by a corporate officer, partner, or fiduciary, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

X ✓ *James R. [Signature]*
(Signature) (Title, if Applicable)

✓ 2/17/98
(Date)

X _____
(Signature) (Title, if Applicable)

(Date)

(8) If the power of attorney is granted to an attorney, certified public accountant, law student, enrolled agent, or former Department of Revenue employee, this declaration must be completed (check applicable box(es)). I declare that:

- ☐ I am a member in good standing of the bar of the highest court of the jurisdiction indicated below;
☒ I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
☐ I am a law student who is certified pursuant to Article XVIII of the Integration Rule of the Florida Bar;
☐ I am an enrolled agent who is qualified to represent clients before the Internal Revenue Service as authorized in Treasury Department Circular No. 230;
☐ I am a former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had substantial responsibility while I was a public employee under Rule 28-5.1056 (2) (d) 4., F.A.C.;

Designation (Attorney, C.P.A., Law Student or Enrolled Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date
C.P.A.	NY	<i>Mitchell [Signature]</i>	02-13-98

(9) If the power of attorney is granted to a person other than an attorney, certified public accountant, law student, or enrolled agent, it must be signed by the individual, witnessed and notarized.

I declare that:

I am qualified to appear in agency proceedings to represent the rights and interests of the taxpayer with respect to the tax matters enumerated in this agreement. My qualifications are set out below:

X _____
(Signature) (Date)

(10) The person(s) signing as or for the taxpayer(s): (Check and complete both.)

☐ Is/are known to, and signed in the presence of, the two disinterested witnesses, whose signatures appear here:

X _____
(Signature of Witness) (Date)

X _____
(Signature of Witness) (Date)

☐ appeared this _____ day of _____ 19 _____ before a notary public and acknowledged this power of attorney as his/her/their voluntary act and deed.

(Signature of Notary Public)

Personally known _____

or Produced Identification _____

Type of Identification Produced _____

(Print, Type or Stamp Name of Notary)