FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

96 AUG 29 PM 12:57
SECRETARY OF STATE

DOCUMENT # **P94000056273 (3)**

1. Corporation Name

SAMUEL ROBERTS INTERNATIONAL, INCORPORATED

Samuel A. Roberts International

Principal Place of Business
7208 N.W. 56TH STREET
MIAMI FL 33166

Mailing Address
7208 N.W. 56TH STREET
MIAMI FL 33166

3. Date Incorporated or Qualified: **07/28/1994**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 3901 NW 77th Avenue
City & State
23 Miami Florida
Zip 24 33166
Country 25 USA.

2a. Mailing Address
26
Suite, Apt. #, etc.
27 Same
City & State
28
Zip 29
Country 30

4. FEI Number: ~~APPLIED FOR~~ 65-0521063 — 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

HINDS, RICHARD M
7208 N.W. 56TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Richard M. Hinds
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: Richard M. Hinds — 4/26/96
Signature (typed or printed name of registered agent) (Date) (Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HINDS, RICHARD M	
STREET ADDRESS	14422 ROSEWOOD ROAD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	☐ DELETE
NAME	HINDS, GREGG A	
STREET ADDRESS	23144 POST GARDENS WAY, #516	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700001933667	
2.3 STREET ADDRESS	-08/27/96--01154--009	
2.4 CITY-ST-ZIP	****233.75 ****233.75	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Richard M. Hinds — 5/7/96 — 305-887-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)