

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000082852 (2)

1. Corporation Name

SAM'S INTERNATIONAL, INC.

95 MAY -1 PM 1:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office of Registrant

**9130 WILES RD. 302
CORAL SPRINGS FL 33067**

Mailing Address

**9130 WILES RD. 302
CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report

4. FEI Number
65-0533224

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 corporate tax under S. 199.032,
Florida Statutes: ☒ Yes ☐ No

2. Principal Office of Registrant

21. Suite Apt. #, etc.

23. City & State

24. ZIP

25. Locality

2a. Mailing Address

26. Suite Apt. #, etc.

27. City & State

29. ZIP

30. Locality

9. Name and Address of Current Registered Agent

**MORANI, NAZIMUDDIN
9130 WILES RD. 302
CORAL SPRINGS FL 33067**

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 607.0105 and 607.1508, Florida Statutes, this 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 607.0105, Florida Statutes.

SIGNATURE

04.10.95

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
NAZIMUDDIN MORANI
STREET ADDRESS
8742 NW 50TH DRIVE
CITY, STATE, ZIP
CORAL SPRINGS FL 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the expedited status provided for by the Florida Statutes. I further certify that the information included 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 incorporator or transferee 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 PRINTED NAME OF MONING OFFICER OR DIRECTOR

04.10.95