

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000006950 (6)**

1. Corporation Name

SAMIRAMIS TRADING CORP.



Principal Place of Business

Mailing Address

~~6840 S.W. 29TH STREET
MIAMI FL 33155~~

~~6840 S.W. 29TH STREET
MIAMI FL 33155~~

2. Principal Place of Business	2a. Mailing Address
21. 777 NW 72ND AVE	26. 777 NW 72ND AVE
22. 2AA3	27. 2AA3
23. Miami FL	28. Miami FL
24. 33126	29. 33126
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
01/26/1995	
4. FEI Number	Applied For
65-0553870	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAIRED, SAMMY M
~~6840 S.W. 29TH STREET
MIAMI FL 33155~~ 4756 NW 97 CT
MIAMI FL 33178

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 of the Registered Agent

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	12.2 NAME	13.1 TITLE	13.2 NAME
	D SAIED, SAMMY M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS	6840 S.W. 29TH STREET 4756 NW 97 CT	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	MIAMI FL 33155 MIAMI FL 33178	13.4 CITY, ST, ZIP	
12.5 TITLE	D SAIED, RAFY	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS	4756 NW 97 CT	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	MIAMI FL 33178	13.8 CITY, ST, ZIP	
12.9 TITLE	D SAIED, RONY	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS	4756 NW 97 CT	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	MIAMI FL 33178	13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I certify that the information indicated on this annual report or supplementary statement is true and correct, that I am an officer or director of the corporation or the trustee or trustee emeritus, and that my name appears in Block 12 or Block 13 if changed, or (in an attachment) with an address. I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: *Sammy M Saired*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)