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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000006950

1. Corporation Name

SAMIRAMIS TRADING CORP.

Principal Place of Business Malling Address 'TY NY 7200 A'E 2AA3 MAME FIRST 200 A'E 2AA3 A'E 2AA		•						_	EIN FAIT AITH IA	
MIMM Ft. 3126 US 2. Principal Place of Business 2. Busine, Apt. R. etc. 2. Suite, Apt. R. etc. 3. Certificate of Status Desired Sept. 3. Suite, Apt. R. etc. 3. Suite	Principal Place	of Business	Ma	ailing Address			·			
MAME FL 33128 MAME FL 33128 MAME FL 33128 DO NOT WITE IN THIS SPACE	777 NW 72ND A	N E	777	7 NW 72ND AVE						
US US 3. Date Incorporated or Qualifed 01/26/1995 2. Principal Place of Business 2.a. Mailing Address 4. FEI Number 55-0553870 2.1										
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4756 NW 97 CT MIAMI FL 33178 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 FL 85 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 change of organization agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Interest of Delette 1.1 ITILE						81	Name			
A 756 NW 97 CT MIAMI FL 33178 83 84 City FL 85 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 change 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or preted nerve of registered agent and stile if applicable. (NOTE: Registered Agent agent and registered agent and stile if applicable. (NOTE: Registered Agent agent and registered agent	SAIR	ED, SAMMY M				02	Ctroot Adde	one /P.O. Roy Number is Not Acceptable)	_	
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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 receive of 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 attractment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR