## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000037561 (4)

SAM'S TRADING ENTERPRISES, INC.

**FILED** Mar 18 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address        |   |  |                                      |  | L HERDINGON THE HOUSE BRIDE MORNIN MAKEN A         | BIER MINT WOOL WILL BEAUT 1985 COD! |
|--|---|--|--------------------------------------|--|--|-------------------------------------|
| 20800 N.E. 24TH CT. 20830 N.E. 24TH CT.            |   |  |                                      | ·  |  |                                     |
| N. MIAMI BEACH FL 33180 N. MIAMI BEACH FL 33180    |   |  |                                      |  | DO NOT WRITE IN THIS SPACE                         |                                     |
|  |   |  |                                      |  | 3. Date Incorporated or Qualified                  |                                     |
|  |   |  |                                      |  | 05/11/1995   |                                     |
| 2. Principal Place of Business 2a. Mailing Address |   |  |                                      |  | 4. FEI Number                                      | Applied For                         |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.      |   |  | _n = n=n                             |  | 65-0579531   | Not Applicable                      |
| 22 27  |   |  |                                      |  | 5. Certificate of Status Desired                   | 58.75 Additional Fee Regulated      |
| City & State City &                                |   |  |                                      |  | 6. Election Campaign Financing                     | \$5,00 May Be                       |
|  |   | 28   |                                      |  | Trust Fund Contribution                            |                                     |
| Zip  | Country   | Zip  | Countr                               | y  | 8. This corporation owes or has paid to            | m ' North'                          |
| 24   | 26 29 30  |  | 30                                   |  | Personal Property Tax due June 30.                 |                                     |
| <b>1</b>   | 9. Name and Address of Cur  | 10. Name and Address of New Regis                                | ared Agent V                         |  |  |                                     |
| ZILBERMAN, SAVELY                                  |   |  |                                      | Name   | <u> </u>   |                                     |
| 20930 N.E. 24TH CT.                                |   |  | 82                                   | Street Addre                                     | ess (P.O. Box Number Is Not Acceptable)            |                                     |
| N.   | MIAMI BEACH FL 33180  |  | 83                                   | <del>                                     </del> |  |                                     |
|  |   |  |                                      |  |  |                                     |
| •  |   |  | 64                                   | City   |  | FL 85 Zip Code                      |
| 11. Pursuant                                       | to the provisions of Sections 607.0   | 0502 and 607.1508, Florida Sta                                   | atutes, the abov                     | e-named corp                                     | poration submits this statement for the purp       | ose of changing its registered      |
| office or i  | registered agent, or both, in the St<br>im familiar with, and accept the ob | ate of Florida. Such change wi<br>ligations of, Section 607.0505 | as autnorized b<br>, Florida Statute | y the corporati<br>is.                           | ion's board of directors. I hereby accept the      | e appointment as registered         |
| SIGNATURE  |   |  |                                      |  |  |                                     |
|  | Signature, typed or printed name of registered                              | agent and title if applicable ( AND DIRECTORS                    | NOTE: Registered Ac                  | ent signature require                            | ad when reinstating)  ADDITIONS/CHANGES TO OFFICER | PATE<br>S AND DIRECTORS IN 12       |
| 12.  | D/P   | DELETE   | 13.<br>1,1 TITLE                     | <del></del>                                      | ADDITIONS/CHANGES TO OFFICER                       | Change Addition                     |
| NAME   |   |  | 1.2 NAME                             |  |  |                                     |
| STREET ADDRESS                                     |   |  |                                      | T ADDRESS  | •  |                                     |
| CITY-ST-ZIP  | 11 10111  |  | 1.4 CITY-                            | ST-ZIP   |  |                                     |
| TITLE  | DELETE 2.1  |  | 2.1 TITLE                            |  |  | Change Addition                     |
| NAME   |   |  | 2.2 NAME                             |  | ;  |                                     |
| STREET ADDRESS                                     | · · · · · ·   |  |                                      | T ADDRESS  |  |                                     |
| CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·                                       |  | 2.4 CITY-                            | ST-ZIP   |  | ☐ Change ☐ Addition                 |
| TITLE  | DELETE  |  | 3.1 TITLE                            |  |  | ☐ Change ☐ Addition                 |
| NAME<br>STREET ADDRESS                             |   |  | 3.2 NAME                             | T ADDRESS  |  |                                     |
| CITY-ST-ZIP  |   |  | 3.4. CITY                            |  |  |                                     |
| TITLE  |   | DELETE   | 4.1 TITLE                            | 7: 4"  |  | ☐ Change ☐ Addition                 |
| NAME   |   |  | 4. 2 NAME                            | ,  |  |                                     |
| STREET ADDRESS                                     |   |  | 4.3 STREE                            | T ADDRESS  |  |                                     |
| CITY-ST-ZIP  |   |  | 4.4 CITY-                            |  |  |                                     |
| TITLE  |   | DELETE   | 5.1 TITLE                            | 1  |  | ☐ Change ☐ Addition                 |
| NAME   |   |  | 5.2 NAME                             | 1  |  | '                                   |
| STREET ADDRESS                                     |   |  |                                      | T ADDRESS  |  |                                     |
| CITY-ST-ZIP  |   | DELETE   | 54 CITY-                             |  |  | Change Addition                     |
| TITLE  |   | i derese   | 6.1 TITLE                            |  | •  |                                     |
| NAME<br>STREET ADDRESS                             |   |  | 6.2 NAME                             | T ADDRESS  |  |                                     |
|  |   |  | 6.4 City-                            |  |  |                                     |
| 0111-91-21   | L   |  | 0.4 01111                            | 31 - LIF   |  |                                     |

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 suppliermental 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.

(308/931-8348