

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000068520 (2)

1. Corporation Name  
RON SAMUEL INC.

Principal Place of Business  
909 16TH ST #11  
MIAMI BEACH FL 33139

Mailing Address  
909 16TH ST #11  
MIAMI BEACH FL 33139-2612

FILED

97 MAY -1 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1995		3a. Date of Last Report 08/12/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0620325		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAMUEL, RON 909 16TH STREET SUITE 11 MIAMI BEACH FL 33139				81. Name			
				82. Street Address (P.O. Box, etc.) 909 16TH STREET SUITE 11			
				83. City, State, Zip MIAMI BEACH FL 33139			
				84. City, State, Zip MIAMI BEACH FL 33139			

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	SAMUEL, RON	1.1 TITLE		Change	Addition
STREET ADDRESS		NAME	909 16TH STREET #11	1.2 NAME			
CITY-ST-ZIP		STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS			
		CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE		NAME		2.1 TITLE		Change	Addition
STREET ADDRESS		NAME		2.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		2.3 STREET ADDRESS			
		CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		NAME		3.1 TITLE		Change	Addition
STREET ADDRESS		NAME		3.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		3.3 STREET ADDRESS			
		CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS		NAME		4.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		4.3 STREET ADDRESS			
		CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE		Change	Addition
STREET ADDRESS		NAME		5.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		5.3 STREET ADDRESS			
		CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE		Change	Addition
STREET ADDRESS		NAME		6.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		6.3 STREET ADDRESS			
		CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)