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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000093455 (0)**

1. Corporation Name

SAMAT REALTY, INC.

Principal Place of Business	Mailing Address
271 E FIRST AVE. HIALEAH FL ~~33090~~ 33010	~~271 E FIRST AVE~~ 8101 SW 140 TER ~~HIALEAH FL 33030~~ MIAMI FL 33158

2. Principal Place of Business	2a. Mailing Address
21 271 E. FIRST AVE	26 8101 SW 140 TER
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH FL	City & State 28 MIAMI FL
Zip 24 33010 Country 25	Zip 29 33158 Country 30 US

3. Date Incorporated or Qualified: 12/07/1995

3a. Date of Last Report:

4. FEI Number: 65-0650603 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

~~KEY CORPORATE SERVICES, INC.~~
~~424 E FIRST AVE~~
~~2ND FLOOR~~
~~HIALEAH FL 33030~~

10. Name and Address of New Registered Agent

81 Name: JAMES S. ATKINS

82 Street Address (P.O. Box Number is Not Acceptable): ~~300 S. Biscayne Blvd.~~

83 8101 SW 140 TER.

84 City: MIAMI FL 85 Zip Code: 33158

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: JAMES S. ATKINS - PRESIDENT — 4/22/96
Signature, typed or printed name of individual signing (if applicable) | Title, if applicable | Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAMES S. ATKINS 8101 SW 140 TER MIAMI FL 33158 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JAMES S. ATKINS 8101 SW 140 TER MIAMI FL 33158 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. + DIRECTOR CARLOS A. SAMA 271 E. 1st ave Hialeah FL 33010 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P + DIRECTOR CARLOS A. SAMA 271 E. 1ST AVE HIALEAH FL 33010 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition VP 5/9/96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4 Dep by Sal

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James S. Atkins JAMES S. ATKINS 4/22/96 305-238-0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #