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 # P9600000091 (4)

SAMOVAR PROPERTIES, INC.

Principal Place of Business

Mailing Address

7665 N.W. 50TH ST. MIAMI FL 33166-4701 7665 N.W. 50TH ST.

FILED Jun 06 1997 8:00am Secretary of State



MIAMI FL 3316	6-4701	MIAMI FL 33168-4701						
					3. Date inc 01/02/	corporated or Qualified	3a. Date of Las	t Report
	ace of Business	2a. Mailing Address			4. FEI Nun	1ber / 2 1000		Applied For
21		26			65 -	0631790		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		5 Additional
22		27			5. 05/(iiio		Fee	Required
City & State	9 .	City & State				Campaign Financing		May Be
Zip	Country	Zip	Cour	olev.		nd Contribution		ed to Fees
24	25	 		nı y		poration has liability for i	ntangible tax unde X Yes ☐ No	rs. 199.032,
24	9, Name and Address of Currer	29 29 Agent	30]		Florida 9	nd Address of New Re		
901 9TH MIAM	SON, GARRY BRICKLEL AVENUE FLOOR MI FL 33131		-	81 Name 82 Street 83 City	Peral D Address (P.O. Box P 761 Wes Deer Field	Schilian Number is Not Accepted THILL BOR Bch	BCVD FL B5 Z	p Code
office of re agent. I an SIGNATURE	to the provisions of Sections 607.050 agistered agent, or both, in the State or familiar with, and accept the oblight Signature, typed or printed name of registered age.	of Florida. Such change was ations of, Section 607.0505, F	authorized Torida Stati	by the corputes.	corporation submits poration's board of corporation's poard of corporation and	s this statement for the p firectors. I hereby accep	urpose of changing the appointment	g its registered as registered
12,	OFFICERS AN		13.	Agent algridure:		NS/CHANGES TO OFFIC		ORS IN 12
TITLE	D	DELETE	11 111	LE	Preside		Chang	
NAME	BAGGIO, JOSE A	/~	1.2 NA	ME	DONOGO	WIN NOT	_ · · ·	
STREET ADDRESS	600 N.E. 36TH ST.		1.3 ST	IEET ADDRESS	Nebech	MACOSON	ev	
CITY-ST-ZIP	MAM! FL 33137			Y-S1-ZIP	1665 Na	WALDSZTJ I SOTH ST FLA 3316	^	
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NAME			2.2 NA	VIE				
STREET ADDRESS			2.3 \$16	REET ADDRESS				
CITY-ST-ZIP	_ <u></u>		2.4 01	Y - ST - ZIP			•	
TITLE		DELETE	3.1 117				Chang	e 🔲 Addition
NAME			3.2 NAI	NE				
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY-ST-ZIP			3.4. CH	Y-S1-ZIP				
TITLE	····	DELETE	4.1 TIT	.E			☐ Chang	e Addition
NAME			4 2 NA	ME				
STREET ADDRESS	•		4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y - \$T - Z)P				
TITLE		DELETE	5.1 TiTI	.£			Changi	e 🔲 Addition
NAME			5.2 NAF	NE				
STREET ADDRESS			5.3 S1R	EET ADDRESS				
CITY-ST-ZIP	<u>Villagoro</u>		5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 7(1)	.E			☐ Change	Addition
NAME			6.2 NA1	A.F.				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP			6.4 CIT	/- ST - ZIP				
14. I do hereb	y certify that the information supplied	with this filing does not qual	ify for the e	exemplion st	ated in Section 119	.07(3)(i), Florida Statutes	I further certify th	at the
i am an oir	n indicated on this annual report or s ficer or director of the corporation or n Block 12 or Block 13 if charmed, or	the receiver or trugtee empor	wered to ex	curate and ecute this re	that my signature si oport as required by	riali have the same legal r Chapter 607, Florida St	effect as if made of atutes; and that my	under oath; tha y name