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

PROFIT FOR PROFIT FOR



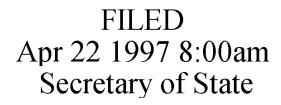
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

P96000079438 (3)



SAMMAI	K, INC					E ROOM ALE ALE COURT CHUR DAY	N er hi ec ah ec ah i	OVE VEHIL BULDE HUL	i l a n nebi
Principal Place	e of Business	Mailing Address					V BINK BINK BINK BINK B		
24982 SW 128 MIAMI FL 3303		24982 SW 128 CT Miami Fl 33032-9007							
)						3. Date incorporated or C	ualified 3a.	Date of Last R	eport
						09/23/1996			
	lace of Bus ness	2a. Mailing Address				4 -	canil		plied For
Suite, Apt	# elr	26 Suite, Apt. #, etc.				60-0690		\$8.75 /	t Applicable
22		27				5. Certificate of Status De	sired 🔲	Fee Re	
City & State	6	City & State				6. Election Campaign Fine Trust Fund Contribution	·	\$5.00 Added t	
Zip	Country	Zip	Cox	untry		8. This corporation has lie	bility for intaggil	ble tax under s	199.032,
24	25	29	30			Florida Statutes	Yes		
	9, Name and Address of Cu	urrent Hegistered Agent		81	Name	10. Name and Address of	New Register	A Agent	
AHMED, ABDEL M									
	82 SW 128 CT			82	Street Ac	Idress (P.O. Box Number is Not	Acceptable)		
MIA	MI FL 33032			83		· · · · · · · · · · · · · · · · · · ·			
ļ				84	City			. 85 Zip	Code
					•		F		
POLITAIADIO	egistered agent, or both, in the tom familiar with, and accept the c	7.0502 and 607.1508, Florida Statul State of Florida. Such change was obligations of, Section 607.0505, Florida Statul				ration's board of directors. I here	by accept the a		registered
12.		S AND DIRECTORS	13.	ou Age	K aightatore re	ADDITIONS/CHANGES			S IN 12
TillE	D	DELETE	1,11	ITLE	<u> </u>			☐ Change	Addition
NAME	AHMED, ABDEL M		1.2 N	AME			· ·		
STREET ADDRESS	24982 SW 128 CT		1.3 \$	STREET	ADDRESS		*		
C-1Y - ST - 7/P	MIAMI FL 33032	DELETE		HY-SI	7-2IP			☐ Change	Addition
THILE NAME	D ALLER JOSEPH AN	C) offert	2.1 T					Change	
STREET ADDRESS	AHMED, IRENE M 24982 SW 128 CT				address				
CITY: ST-ZiF	MIAMI FL 33032		1	CITY-S	1				
TITLE	HARRIN 1 F ANNAY	DELETE	3.1 T			, , , , , , , , , , , , , , , , , , , 		Change	Addition
NAME .			3.2 N	IAME	ļ		1		
STREET ADDRESS			1		ADORESS				
CITY - S1 - ZIP		DELETE	3.4 (4 1 T	CITY-S	I-ZIP			Change	Addition
TITLE NAME		☐ hertig	1	NAME	1			FT Cumilis	TI VODITION
STREET LADDRESS			•		ADDRESS				
CITY-S7-7IP				CITY-S					
THILE		DELETE	5.1 1					Change	Addition
NAMÉ			5.2 N	NAME	ļ				
\$TREEL ADDRESS					address				
CITY-ST-7IF		DELETE	54 (6.1 T	AIY-S	T-ZIP	- <u> </u>	·	Change	Addition
NAME		י <u>ריין</u> אנכניונ	1	NAME	1			in ounde	LIII FROIIIIVII
STREET ADDRESS					ADDRESS				
CHY-S1-ZIP				CITY-SI					
44 1 1 1 1	A	Control March 19 Control Control Control				and in Continu 110 07/9/// Claric	In Classification 1 feet	Ala	4b. 4

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

17 /258-152le