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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000079438 (3)

SAMMAK, INC

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-{				
					365				
24982 SW 12		24982 SW 128 CT MIAMI FL 33032							
MIAMI FL 33032		MIAMI FL 33032			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Q 09/23/1996			
2. Principal Place of Business 2a. Mailing Ad			ddress			4. FEI Number			Applied For
21 27610 S DIXIE Hury 26						65-0696304			Not Applicable
Suite, Apt.	Suite, Apt. #, etc.					5. Certificate of Status De	sired		Additional Required
City & State City & State RA City & State 28						, ,	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Couplry	Zip	Cour	ntry		8. This corporation owes of			
24 B30	28.3 ₂₅ USA	29	30			Personal Property Tax of		Yes	□No
	Name and Address of Current	Registered Agent				10. Name and Address of	New Registered	Agent	
. Al-	imēd, abdel m		j	81	Name	<u> </u>			
24	982 SW 128 CT		}	82	Street Addre	ss (P.O. Box Number is Not A	Accentable)		
	AM FL 33032	•		32	Suppl Addie	OPI SE IBUILDIN AUG IV. IJ SE	rocepianie)		
				83			•		
			ŀ	84	City	<u> </u>	FI	85 Z	p Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0507 egistered agont, or both, in the State i m familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida. Such change was lions of, Section 607.0505, F	ites, the ab authorized lorida Statu	pove d by utes	e-named corpo the corporation	oration submits this statement on's board of directors. I here	for the purpose	of changing	its registered as registered
OIO IO II OI IE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE Registered	1 Agor	nt signature require		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES T	O OFFICERS AN		
TITLE	DELE		1.1 101	LE				L Changi	e
NAME	AHMED, ABDEL M		1.2 NA	ME					
STREET ADDRESS	24982 SW 128 CT		1.3 STREET ADDI		ADDRESS				ı
CITY-ST-ZIP	MIAMI FL 33032		1.4 CIT		r-ZIP				
TITLE	D ALBUTTO IDENT 14	DELETE 2.1		2.1 TITLE				L Change	Addition
NAME	AHMED, IRENE M		2.2 NA	2.2 NAME					ı
STREET ADDRESS	24982 SW 128 CT		2.3 STF	REET	ADDRESS		*		l.
CITY-ST-ZIP	MIAMI FL 33032		2. 4 CI	TY - S	T-ZIP				
TITLE		☐ DELETE	J DELETE 3.1 TITLE		1		•	Change	e
NAME			3.2 NA	ME	ľ				
STREET ADDRESS			3 3 STF	REE [ADDRESS				
CITY-ST-ZIP	\$T-ZIP		3 4. CITY-ST-ZIP		T-ZIP				
TITLE	1		TE 4.1 TITLE					Change	B Addition
Name			4.2 NA	AME	1				j
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	TY-ST	T- ZIP				
TITLE	☐ DELETE		5.1 TITI	5.1 TITLE				Change	Addition
NAME			5.2 NAI	ME					Ï
STREET ADDRESS			5.3 STF	REET /	ADDRESS				
CITY-ST-ZIP	 		5.4 CIT	TY-ST	r-zip				
TITLE		DELETE	6.1 TIT					Change	e Addition
NAME			6.2 NAI	ME					
STREET ADDRESS			6.3 STF	REET	ADDRESS				ı
CITY-ST-ZIP			6.4 CIT						
	and that the information cumplied with	h this filing does not qualify t				Section 119 07/3Vi) Florida Si	atutes I further	cortifu that t	he information

Indicated on this annual report of supplied with his ming coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report of supplier ental 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 chapter 607, and at attachment with an address.