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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000086249 (5)

SAMOTH (FORT LAUDERDALE), INC.

Principal Place of Business Mailing Address 6900 E SECOND STREET SCOTTDALE AR 85251 6900 E SECOND STREET SCOTTDALE AR 85251-5306 3. Date Incorporated or Qualified 3a. Date of Last Report N/4 10/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 86-0841554 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NRAI SERVICES INC 526 EAST PARK AVE. Street Address (P.O. Box Number is Not Acceptable) STE. 200 TALLAHASSEE FL 32302 83 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (96/6) Addition TITLE 1.11000 EUGENE KAULIUS ORENSTEIN, FRANK NAME 1.2 NAME 6900 & SECUND ST. 6900 E SECOND ST STREET ADDRESS 1.3 STREET ADDRESS SCOTTSDALE, AZ 85251 **SCOTTSDALE AR 85251** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2 1 THILE NAME 2.2 NAME 6900 E SECOND ST. STREET ADDRESS 23 STREET ADDRESS 5cot150ALG AZ 85251 CITY-ST-ZIP 2.4 CITY - \$1 - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change Addition TITLE 41 TILLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE G 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-Z#

SIGNATURE: SUPERINGE CURE DIVINASH SCATTLE 9/8/77 (400)874-070

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 finual 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 efficier 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