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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096478 (8)

S.A.M.E. IMPORT/EXPORT, INC.

FILED Jan 28 1998 8:00am Secretary of State



| | | | | | | _{ | | | | |
|---|---|---|--------------------|--------------------|-------------------|---|---|---|-----------------|--|
| Principal Place of Business Mailing Address | | | | | | | ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | 1ST TERRACE | 3965 S.W. 151ST TERRACE MIRAMAR FL 33027 | | | | | | | | |
| MIRAMAR FL 33027 | | MINNMAN FL SOME | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | 11/21/1996 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | ≯ Ap | plied For | |
| 21 | | 26 320 5 Harringo Rd. | | | | 65-0710604 | | No | t Applicable | |
| Suite, Apt. | W, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional | |
| 22 | | 27 255 | | | | | | Fee Re | | |
| City & State | | City & State 28 Pambroke Pines [-L | | |) | 6. Election Campaign Financing | | | May Be | |
| 23 | | | | | <u> </u> | Trust Fund Contribution | | | o Fees | |
| Zip | Country | Zip 29 33027 | | | . 16 | 8. This corporation owes or has pa | | - | angible] No | |
| 24 | 9. Name and Address of Current | | 30 | U.S | 317 · | Personal Property Tax due June 10. Name and Address of New Re | 30. Ye | | 1 NO | |
| 04 | . <u> </u> | Hedisteren Manit | | B1 | Name | 10. Hame and Address of New He | gistered Agon | <u> </u> | | |
| | GASTUME, LISANDRO | | | | | | | | | |
| | B5 S.W. 151ST TERRACE | | | 62 | Street Addre | treet Address (P.O. Box Number is Not Acceptable) | | | | |
| WIII | RAMAR FL 33027 | | | 63 | | | | | | |
| | | | | 84 | City | | FL 65 | Zip (| Code | |
| | - the | and CO7 1500 Florida Platida | | | namad carn | oration submits this statement for the | urnaca of chai | nging it | e registered | |
| 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 typed or printed name of registered agent and site if equicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Signature, typed or printed narive of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 1. | | | | | signarure require | ADDITIONS/CHANGES TO OFFIC | | FCTOR | S IN 12 | |
| TITLE | | | 1.1 TII | II F | | ADDITIONAL TANGES TO OFFICE | | hange | Addition | |
| NAME | SAGASTUME, LISANDRO | | | 1.2 NAME | | | _ | • | | |
| STREET ADDRESS | 3965 S.W. 151ST TERRACE | 1.3 \$ | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33027 | | | | | · | | | | |
| TITLE | D | DELETE | | | | | | hange | Addition | |
| NAME | SAGASTUME, LIRISSA M | | | | | | | | | |
| STREET ADDRESS | 3965 S.W. 151ST TERRACE | 2.35 | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33027 | | 2. 4 CI | ITY-ST | - ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | hange | Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | DDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- ST- ZIP | | - ZIP | | | | | |
| TITLE | DELETE 4.1 | | 4.1 717 | ΙLE | | | | hange | Addition | |
| NAME | | | 4. 2 N | AME | ĺ | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET A | DORESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | 1Y-S1- | ZIP | | | | | |
| TITLE | DELETE 5.11 | | 5.1 TII | ILE . | | | | hange | Addition | |
| NAME | | | 5.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REET A | DORESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-\$T- | ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 Ti) | ILE |] | | | hange | Addition | |
| NAME | | | 6.2 NA | ME | - | | | | | |
| STREET ADDRESS | | | 6.3 \$1 | ree1 a | DORESS | | | | | |
| CITY-ST-ZIP | | | | TY-\$1- | | | | | | |
| 14. Lhereby o | ertify that the information supplied with | this filing does not qualify to | r the exe | motio | on stated in | Section 119.07(3)(i), Florida Stalutes. I | further certify t | hat the | information | |

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.19-07(3)(f), Fioritida Statutes. Trunner certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 on an attachment with an address.