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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90006 041 ***150.00

DOCU 1. Corporation	MENT # P97000	088125						
SAM THE A/C MAN CORPORATION								
Principal Plac	ce of Business	Mailing Address				FEW SEW 3300 FEW) (1818) (1818) (1811)	11 00 1 00
4101 N.W. 77TH AVENUE 4101 N.W. 77TH AVENUE MIAMI FL 33166 MIAMI FL 33166								•
INITANI TE SOL	~	, MIRMITE 00100			DO NO	T WRITÉ IN TĤIS	S SPACE	·
					3. Date Incorporated or Qualified 10/13/1997			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0788156	<u> </u>		t Applicable
⊢ ~-	Suite, Apt. #, etc. Suite, Apt. #, etc.		•		5. Certificate of Status Des	ired 🔯	\$8,75 / Fee Re	
City & Sta	City & State 27 City & State				6. Election Campaign Fina	noina		·
23		28	-		Trust Fund Contribution	nong .	\$5.00 Added 1	
Zip			Country		8. This corporation owes the	ne current year Ir		
24	25	29 30	0	<u> </u>	Personal Property Tax.		∐ Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent	04	Name	10. Name and Address of	New Registered	Agent	
ALBERT, SAMUEL								1
1870 N.E. 197TH TERRACE				Street Ac	ddress (P.O. Box Number is Not A	cceptable)		
N MIAMI BEACH FL 33179			83			37.5	12/31 (d. 1) (d. 2)	100 100
			· [_]	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2				
		• ,	84	City		FI	85 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								
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								
40	Signature, typed or printed name of registered agent			t signature requ	ired when reinstating)	DATE	ND DIDEATO	70.11.40
12.	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES 1	O OFFICERS A	Change	Addition
NAME	PD ALBERT, SAMUEL	12 322410	1.2 NAME	ĺ				
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STREET ADDRESS	1 17 1 17 17 17 17 17 17 17 17 17 17 17		2.3 STREET	ADDRESS			•	ĺ
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-S1	T-ZIP				
TITLE	ERT SANDALL	□ DELETE	3.1 TITLE	}.			☐ Change	Addition A
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NAME		,	4. 2 NAME			7		
STREET ADDRESS		10	4.3 STREET	ADDRESS		: .		·
CITY-ST-ZIP			4.4 CITY-ST				<u> </u>	
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					j.
STREET ADDRESS	₂₀	•	5,3 STREET		* "	•	* * *	· .
CITY-ST-ZIP	AUDITH ARRIVAL	☐ DELETE	5.4 CITY-ST- 6.1 TITLE	-ZIP			[7] Channe	[] Andrii
TITLE NAME	AND ME THE STATE OF	☐ DETEIE	6.2 NAME				Change	Addition
STREET ADDRESS	Dally Market		6.3 STREET	ADDRESS	•			1.
DINLET AUDITESS	(35)		RACITY ST	ĺ				1

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE NO TYPES OF PRINTED PARTY SIGNATURE OF SIGNATURE

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