PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000044924

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90102 040 ***150 00

1. Corporation Name SAMADA CORP.					04-30-1999	9 90102 040	130.00	
Driver of Diver	of Dyslopes	Mailing Address						
Principal Place of Business Mailing Address 1200 SOUTH OCEAN BOULEVARD 1200 SOUTH OCEAN BOULEVARD								
UNIT 16H UNIT 16H						- 11 7 110 6046	~	
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE			î
-=					3. Date Incorporated or Qualifed 05/19/1998	·	·,	
2. Principal P	ace of Business	2a. Mailing Address			A. FEI, Number 083 69 11	Applied For		į
21	-	26			W5-0836711		Not Applicable	İ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
∣ City& State	3	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	_
23	Country	28 Zip	Cou	ntry	8. This corporation owes the curre			
24				,	Personal Property Tax.			
24	9. Name and Address of Curr		30		10. Name and Address of New R	egistered Agent		į
				81 Name	erbara Michel		ļ	
AMERILAWYER -				182 Street Add	fress (P.O. Box Number is Not Acceptal	ble) / # //	4	1
343 ALMERIA AVENUE					South Ocean BI	Vd., #14	• //	ı
COH	AL GABLES FL 33134			83				l
÷ ,				84 City	. 0. 1-	85	Zip Code 33432	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.					a rearon	FL Colors		
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Stat te of Florida. Such change was	rutes, the at authorized	bove-named com I by the corporati	ion's board of directors. I hereby accept	the appointment	as registered	
agent la	m familiar with, and accept the obli	gations of, Section 607.0505, F	ilorida Statu	utes.				l
SIGNATURE	Signature, typed or printed name of registered a	nest and title / anytheble (NO	TF: Danislared	Agent signature require	ed when reinstating)	DATE	{	=
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12	CR2E034 (11/98)
TITLE	PSTD	☐ DELETE	1.1 70	ne .		Ch	ange 🗌 Addition	=
NAME	MICHEL, BARBARA		1.2 NA	ME				8
STREET ADDRESS 1200 SOUTH OCEAN BOULEVARD			1.3 ST	REET ADDRESS				ŭ
CTTY-ST-ZIP	BOCA RATON FL 33432		1.4 CF	IY-ST-ZIP	•		ľ	
TILE		☐ DELETE			<u> </u>			ı e
NAME		ما عادات السا	21 m	n.e.			ange Addition	8
STREET ADDRESS		~·	2214	TRE .			ange Addition	8
1		٠٠.	2.2 NA 2.3 ST	NEET ADDRESS			ange Addition	8
CITY-ST-ZIP		÷.	22 NA 23 ST 2.4 CT	ME REET ADDRESS TY-ST-ZIP				
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TITLE		÷.	22 NA 23 ST 2.4 CT 3.1 TT 3.2 NA	REET ADDRESS TY-ST-ZIP TLE				8
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NAME - STREET ADDRESS CITY-ST-ZIP TITLE		÷.	22 NA 23 ST 2.4 CT 3.1 TT 32 NA 33 ST 34. CT	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		_ Ch	ange Addition	8
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 NA 23 ST 2 4 GT 3.1 TT 32 NA 3.3 ST 3.4 CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NA	ME REET ADDRESS TY-ST-ZP TLE ME REET ADDRESS TY-ST-ZP TLE AME REET ADDRESS TY-ST-ZP TLE REET ADDRESS			ange Addition	83
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4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). 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 807. 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:

RE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

- 23-17

Daytime Phone 6