

07131999-90011-017-\$150.00-\$150.00

ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90011 017 ***150.00

DOCUMENT # P98000095903
Corporation Name SAMIRA ENTERPRISES INC.

Place of Business Mailing Address
4050 N.W. 44th Ct. 4050 N.W. 44th Ct
Lauder Lake Lakes S Fla. 33319 LAUDERLAKE LAKES S.
Fla 33319



DO NOT WRITE IN THIS SPACE

1a. Place of Business	2a. Mailing Address	3. Date incorporated or qualified 11/13/98	4. Applied For Not Applicable
ADL #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0889731	5. Certificate of Status Desired \$8.75 Additional Fee Required
State	City & State	5. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Zip	6. This corporation owes the current year Intangible Personal Property Tax.	Yes No

3. Name and Address of Current Registered Agent HAMMAD, AMJAD 4050 N.W. 44th Ct LAUDERLAKE LAKES FLA 33319	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code

Under 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 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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(P) <input type="checkbox"/> DELETE HAMMAD, AMJAD 4050 N.W. 44th Ct LAUDERLAKE LAKES S Fla. 33319	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

CURE: X [Signature] 06/15/99

CR2034 (1/98)