FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # S75544 (4)

1. Corporation Name
SAMANTRA, INC.

Principal Place of Business	Mailing Address
780 N.W. 42ND AVE., STE 621 MIAMI FL 33126	780 N.W. 42ND AVE., STE 621 MIAMI FL 33126-5538

3. Date Incorporated or Qualified	3a. Date of Last Report
09/01/1991	03/08/1996

2. Principal Place of Business
1010 E. 41 ST (handwritten)

2a. Mailing Address
" same as above "

4. FEI Number	Applied For
65-0280233	Not Applicable

22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23. City & State
Hialeah, FL (handwritten)
28. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24. Zip **33013** 25. Country **USA**
29. Zip 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEON, ARMANDO
1421 W 62ND ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 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 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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: P	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME: LEON, ARMANDO		1.2 NAME		
STREET ADDRESS: 1421 W 62ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP: HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	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	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in ___ rida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate ___ ve 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 execu ___ Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block ___ if changed, or on an attachment with an address.