## 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

DOCUMENT # V30423

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ROBERT E. SAMARA, P.E., P.A.

FILED Apr 11 1997 8:00am Secretary of State



Principal Place of Business 7801 SW 67 AVE 5807 S MIAMI FL 33143 S MIAMI F
S-207 S MIAMI FL 33143 S MIAMI FL 331434538  3. Date Incorporated or Qualified Q4/25/1996  2. Principal Place of Business
3. Date Incorporated or Qualified O4/20/1992
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5. GS-0327025  Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State City & State Country 7/p Country 7/p Country 7/p Country 8. This corporation has liability for intangible tax under s. 199.0 Plorida Statutes Plorida Statutes SAMARA, ROBERT E. 7901 SW 67TH AVE. S-207 S MIAMI FL 33143  83  City FL 85  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Section 607 0502 and 607 1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent than familiar wild, and accept the obligations of, Section 607 0508, Florida Statutes.  SIGNATURE Synator, typic or prehid name of repostered agent and bore l'applicable.  No. 19. Delete 11. Pursuant to the provisions of Section 607 0508 and 607 0508, Florida Statutes.  No. 19. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607 0508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its regist of the corporation is board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0508, Florida Statutes.  SIGNATURE Synator, typic or prehid name of repostered agent and bore l'applicable.  No. 19. Delete 11. Title D SAMARA, ROBERT E.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. Title D SAMARA, ROBERT E.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. Pursuant to the provisions of SAMARA, ROBERT E.
Suite, Apt #, etc   Suit
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State
City & State  Country  Zip  Country  Zip  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax under s. 199.0  Florida Statutes  Yes  No  10. Name and Address of New Registered Agent  SAMARA, ROBERT E.  7901 SW 67TH AVE.  S-207  S MIAMI FL 33143  B3  City  FL  B5  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 regist 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 registe agent or both, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  LTITLE  D
Trust Fund Contribution Added to Fees    Zip
Country   Zip   Country   Zip   Country   Zip   Country   Statutes   Zip   Z
9. Name and Address of Current Registered Agent  SAMARA, ROBERT E. 7901 SW 67TH AVE. 5-207 S MIAMI FL 33143  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL  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 regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stignature, typical or purposed mains of repostered agent and total if applicable (NOTE: Rogistered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  PLIEF  D DELETE  1.1 TITLE  Change AMARA, ROBERT E.
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 Lide hereby certify that the information symplicid with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the

To necess certify that the mormation supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i), Honoa 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 deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Press, 13 if phanging, or on the attachment with an address.

SIGNATURE:

HATURE AND PREO OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

417/97

Daytime Phone # 0196889