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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra Bamortman

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052886 (7)

~: (**4**):

PUNJAB MOBIL MART, INC.

MIAMI FL 33150 FORT DISCERDATE E		Mailing Address 13100 MUSTING TRAIL FORT DAUGERDALS FL 3333	63739			
				3. Date Incorporated or Qualified 07/27/1993	3a. Date of Last Report 06/20/1996	
	lace of Business	2a. Mailing Address	N/1\1	FEI Number 65-0434125	Applied For	
21 Suite, Apt.	# elc	26 Suite, Apt. #, etc.	1000 1	F-V = 65-0434125	Not Applicable \$8.75 Additional	
22	#, O.G.	27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State	k -1	6. Election Campaign Financing	\$5.00 May Be	
23		28 MIAWI	· - L	Trust Fund Contribution	Added to Fees	
Zip 24	Country	29 Zip 33150 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
24]	9. Name and Address of Current	1 1 	V> 15	10. Name and Address of New Reg		
ANIMA SALALIR SA						
40400 41140 70411			82 Street	TAMILA TAH Address (P.O. Box Number is Not Acceptab		
FT LAUDRDALE EXSESSIO			1311	NE 103 ST.		
			83			
			84 City	w: ^ w:	85 Zip Code	
11 Durament	to the provisions of Soctions 607 0502	and 607 1508 Florida Statutos		MIAMI	FL 33179	
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.						
1						
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE R	legistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	DP.	DELETE	1.4 TITLE	VICE PRESIDENT	Change Addition	
NAME	MIRZA, KHALID M 13100 MUSTANG TRAIL		1.2 NAME	RAMZAN SHARE	EEF	
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDLE FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	MiANI FL 33156	T < 402	
TITLE	D	X DELETE	2.1 TITLE	587/0	Change K Addition	
NAME	MIRZA, MOHAMMAS A		2.2 NAME	MOHAMMAD TAHIN		
STREET ADDRESS	18806 BOB O LINK DRIVE		2.3 STREET ADDRESS	III NE 103 ST.		
CITY-ST-ZIP	MIAMI LAKES FL		2 4 CHY-ST-ZIP	MIAM! FL 33/79		
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	MIRZA, ARSHAD 19217 N.W. 53RD CIR. PLACE		3.2 NAME			
STREET ADDRESS	MIAMI LAKES FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DP	DELETE	34. CITY-ST-ZIP .	PRESIDENT	Change Addition	
NAME	TAHIR, JAMILA		4. 2 NAME	[KENDEN		
STREET ADDRESS	1111 N.E. 203 STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAM! FL		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 TITLE		DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition	
NAME		☐ DECENT	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY CT 210			6.4 PITV- 91- 710			

14. I do 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.