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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State

FILED Feb 04 1998 8:00am Secretary of State

1998 DOCUMENT # P93000059607 (0) 4099 INVESTMENT, INC. Principal Place of Business Mailing Address 9941 SW 4TH ST 9941 SW 4TH ST PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4099 NW Ave. 65-0451514 21 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be akes lander Trust Fund Contribution 23 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 33309 Broward 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAHSHEH, WAEL 1481 NW 100TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33322 83 84 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE Dansheh, wael DAHSHEH, WAEL CR2E034 NAME 1.2 NAME 1681 NW 100 Way 1481 NW 100TH WAY STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL Plantation, Fl. 33322 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City - ST - ZiP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **8.3 STREET ADDRESS** CITY - ST - ZIP E.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE 5.1 TITLE Change Addition TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. I 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.

SIGNATURE:

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1/15/98

(954) 777-9987