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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000070195 (8)

FLORIDA FALCON, INC.

1 601116	William Wo						
Principal Place of Business			Mailing Address				F INDIVIOUS INDIVIDUALITY DRIVE BRIVE BRIVE BRIVE SOUND VIOLE VEIDS BRIVE 1891
12525 N.E. 13TH AVENUE		12525 N.E. 13TH AVENUE					
SUITE 208 NORTH MIAMI FL 33161			SUITE 208				DO NOT WRITE IN THIS SPACE
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161							3. Date Incorporated or Qualified
1							08/22/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21		26					65-0690221 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country			Zip Country				Trust Fund Contribution Added to Fees
24	26	29	-4,	30			8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Curren						10. Name and Address of New Registered Agent
АН	MED, JAMIL			***************************************	81	Name	
12525 N.E. 13TH AVENUE			62 Street Ad		Street Add	Iress (P.O. Box Number is Not Acceptable)	
	RTH MIAMI FL 33161					Direct Add	1000 (1.0. DOX 11011D01 ID 110171D00 placed)
1					83		
ì					84	City	85 Zip Code
						ľ	FL
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ag-		il controlle	7E Danistan	d Ann	unt alonatura roomi	ired when reinstating) DATE
12.	OFFICERS AN			13.	o Age	all signature redui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	····	DELETE	1.1 1	TLE		Change Addition
NAME	SHAHZADA, MOHAMMAD N		1.21		AME		
STREET ADDRESS			1.3		TREET	ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161				1.4 CITY-ST-ZIP		
TITLE	SD			2.1 7	2.1 TITLE		Change Addition
NAME	AHMED, JAMIL				2.2 NAME		
STREET ADDRESS			·		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE						ļ	L Change L Addition
NAME CYDEET ADDOCCO	NAME STREET ADDRESS		3.2 NAME 3.3 STREET			ADDRESS	
1	CITY-ST-ZIP						
TITLE					3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME					VAME]	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE			DELETE	5.1 TITLE			Change Addition
MAME				5.2 NAME			
STREET ADDRESS				5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		-		5.4 0	ΠY-S	T-ZIP	
TITLE			DELETE	6.1 T	NLE		☐ Change ☐ Addition
NAME				6.2 N	AME	ļ	
STREET ADDRESS				6.3 \$	TREET	ADDRESS	

14. Thereby 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 finan attachment with an another.

SIGNATURE:

SHATZADA, MONAMOAD.

1/6/78

FILED

Feb 27 1998 8:00am

Secretary of State