

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90054 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000070195 ✓

1. Corporation Name

FLORIDA FALCON, INC. ✓

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 1650 NE 135 STREET

2a. Mailing Address

26 1650 NE 135 STREET

4. FEI Number

65-0690222 ✓

Applied For

Not Applicable

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

#209

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

23 NO MIAMI, FL

27 City & State

28 NO. MIAMI, FL

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

24 Zip

25 Country

33181

DADS

29 Zip

30 Country

33181

DADS

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SHAHZADA MOHAMMAD N

82 Street Address (P.O. Box Number is Not Acceptable)

1650 NE 135 STREET # 209

83

84 City

MIAMI

FL

85 Zip Code

33181

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 Shahzada

Signature, typed or printed name of registered agent and title if applicable

SHAHZADA MOHAMMAD N

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD SHAHZADA, MOHAMMAD N.  DELETE  
 NAME  
 STREET ADDRESS 1650 NE 135 STREET #209  
NO. MIAMI, FL 33181  
 CITY-ST-ZIP

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE SD AHMAD, JAMAL  DELETE  
 NAME  
 STREET ADDRESS 1650 NE 135 STREET #209  
NO. MIAMI, FL 33181  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 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, with all other like empowered.

SIGNATURE: Shahzada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHZADA, MOHAMMAD N/OA.

Date

4/27/99

Daytime Phone #

CR2E034 (1/98)