## 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

## DOCUMENT # P96000078451 (7)

## **FILED** Mar 02 1998 8:00am Secretary of State

atl in	/ESTMENTS, INC.				
Principal Plac	a of Business	Mailing Address	<del> </del>	{	HEBU ODKU DLEBOL BULLEY UNDU HÖDT
7400 SOUTHWEST 50TH TERRACE. SUITE 105 P.O. BOX 2210				1	
MIAMI FL 33155 FL 33143					
				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
6 50 3 15	N			09/20/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	26 Suite, Apt. #, etc.		65-0697494	Not Applicable \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	7 <sub>1</sub> p	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		Namo	10. Name and Address of New Registers	od Agent
	ENLAWYER CHARTERED KI	TAN, Mohammad >	12010 IValle		
	ALMERIA AVENUE 740	PAN, Mehammad S 00 5.W. 50 THERA	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
- <del>00</del>	ېرىچى	TU 106 ANL, FI 33155	83		
	MI	Mil, Fl 3315!	5 "		
		•	84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the above-named corr	poration submits this statement for the purpose	of changing its registered
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.					
	on familiar war, and accept no origin	ions of, account our loads, Fior	nica siatutes.	2/	25158
SIGNATURE	Signature, typed or purified name of purified signature	r and title it applicable (NOTE	Registered Agent signature requi	red when reinstating) DATE	<del>=311_0</del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KHAN, MOHAMMAD SIDDIC		1.2 NAME		
STREET ADDRESS	7400 SOUTHWEST 50TH TERF	IACE, SUITE 105	1.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33155	DELETE	1.4 CiTY-ST-ZiP		Channa   Laddina
TITLE		□ DETEIL	2.1 TITLE		Change    Addition
NAME ATOSET ADODESS			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY+ST-ZIP 31 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TATLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filling 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 armual 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: