

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # P96000079009 (2)

1. Corporation Name  
**BISMILLAH INC.**



Principal Place of Business  
**8680 GRIFFIN ROAD  
COOPER CITY FL 33328**

Mailing Address  
**8680 GRIFFIN ROAD  
COOPER CITY FL 33328-3713**

3. Date Incorporated or Qualified <b>09/23/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0699592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**LAKHA, ZULFIQAR  
8680 GRIFFIN ROAD  
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>VICE PRESIDENT</b>
NAME	<b>LAKHA, ZULFIQAR</b>	1.2 NAME	<b>FAHRAH NAZ AKHTAR,</b>
STREET ADDRESS	<b>8680 GRIFFIN ROAD</b>	1.3 STREET ADDRESS	<b>8301 NW 177 ST.</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33301-5</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>MANSOOR, MUHAMMAD</b>	2.2 NAME	
STREET ADDRESS	<b>8680 GRIFFIN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Salah*  
Signature, typed or printed name of signing officer or director

**ZULFIQAR LAKHA**

Date

Daytime Phone #

**4/7/97 (954) 680-1540**

0266892

CR2E034 (9/96)