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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90039 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000030512

1. Corporation Name
 AL FIDAI CORPORATION



Principal Place of Business: 2412 TAYLOR STREET, HOLLYWOOD FL 33020, US
 Mailing Address: 2412 TAYLOR STREET, HOLLYWOOD FL 33020, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1997

4. FEI Number: 65-0783910 Applied For: Not Applicable

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

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

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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: LALANI, ANWARALI N, 820 N.E. 128TH STREET, N MIAMI FL 33161

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DELETED <input type="checkbox"/>	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: LALANI, ANWARALI N		12 NAME	
STREET ADDRESS: 820 NE 128TH STREET		13 STREET ADDRESS	
CITY-ST-ZIP: NORTH MIAMI FL 33161		14 CITY-ST-ZIP	
TITLE: STD	DELETED <input type="checkbox"/>	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: LALANI, CARMENCITA		22 NAME	
STREET ADDRESS: 820 NE 128TH STREET		23 STREET ADDRESS	
CITY-ST-ZIP: NORTH MIAMI FL 33161		24 CITY-ST-ZIP	
TITLE: VD	DELETED <input type="checkbox"/>	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: LALANI, MEHDI H		32 NAME	
STREET ADDRESS: 820 NE 128TH STREET		33 STREET ADDRESS	
CITY-ST-ZIP: NORTH MIAMI FL 33161		34 CITY-ST-ZIP	
TITLE:	DELETED <input type="checkbox"/>	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		42 NAME	
STREET ADDRESS:		43 STREET ADDRESS	
CITY-ST-ZIP:		44 CITY-ST-ZIP	
TITLE:	DELETED <input type="checkbox"/>	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		52 NAME	
STREET ADDRESS:		53 STREET ADDRESS	
CITY-ST-ZIP:		54 CITY-ST-ZIP	
TITLE:	DELETED <input type="checkbox"/>	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS	
CITY-ST-ZIP:		64 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: *Alani Lalani* ANWARALI LALANI 1-12-99 950-9266-752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)