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

## **FILED** Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (3)F63068 S & J INTERNATIONAL INVESTMENTS, INC. Principal Place of Business Mailing Address % OSAMAH HASAN % OSAMAH HASAN 941 NE 19TH AVE STE 301 941 NE 19TH AVE STE 301 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0261243 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζıρ **Z**ip Country Country This corporation owes or has paid the current year Intangible Yes Yes 25] Personal Property Tax due June 30. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HASAN, OSAMAH 4672 NW 39TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33319 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE HASAN, OSAMAH NAME 1.2 NAME CR2E034 4672 NW 39TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIFLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. C/TY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-SY-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 purely and 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 purely and the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver o

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

NAME

STREET ADDRESS

OSAMAH IFASAN, P.S.D. U/14/98 (954) 767-3313 SIGNATURE: