1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F63068

S & J INTERNATIONAL INVESTMENTS, INC.

FILED 00 OCT 23 PM 12: 49

SECRETARY OF STATE TALLAHASSEE FLORIDA 

Principal Place of Business Mailing Address  S OSAMAH HASAN SOSAMAH HASAN 941 NE 19TH AVE STE 301  Principal Place of Business Mailing Address S OSAMAH HASAN 941 NE 19TH AVE STE 301	
% OSAMAH HASAN % OSAMAH HASAN 941 NE 19TH AVE STE 301	
941 NE 19TH AVE STE 301 941 NE 19TH AVE STE 3UI PRE	EINSTATEMENT
ST LAUDERDALE FL 33304 FT LAUDERDALE FL 33304	EDWETTWIN HE IN THIS SPACE
	Pate Incorporated or Qualifed
	01/13/1982
2 Principal Place of Business 22, Mailing Address	El Number ' Applied For
21 26 26	65-0261243 Not Applicable
Suite Ant # etc	Sertificate of Status Desired  \$8.75 Additional
27	ree Required
City & State City & State 6.	Election Campaign Financing , \$5.00 May Be
128	rust Fund Contribution Added to Fees
Zip Country Zip Country 8. 1	This corporation owes the current year Intangible
[24]	Personal Property Tax. LYes LNo Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10.	talite and Address of Now Registered Fig.
4672 NW 39TH STREET	D. Box Number is Not Acceptable)
FT LAUDERDALE FL 33319	
PI DAUDENDALE I E 30013	
84 City	FL 85 Zip Code
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
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such Change was authorized by the corporation's boa agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	ard of directors. I hereby accept the appointment as registered
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	10/24/2000
SIGNATURE Standard name of constant and this Applicable. (NOJE: Registered Agent signature required when rei	nstating) DATE
12. OFFICERS AND DIRECTORS 13. A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change
TITLE PSD DELETE 1.1 TITLE	
NAME HASAN, OSAMAH 12 NAME	0000034559104
1	-11/07/0001113001
STREET ADDRESS 4672 NW 39TH STREET	
CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP	****300.00 ****300.00
CITY-ST-ZIP FT LAUDERDALE FL 14 CITY-ST-ZIP  TITLE DELETE 21 TITLE	
STREET ADDRESS   4072 NW 35111 OTHLET	
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  14 CITY-ST-ZIP  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS	
14 CITY-ST-ZIP	****300.00
STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   21 TITLE   21 TITLE   22 NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   TITLE   DELETE   31 TITLE   31 TITLE	****300.08 ****300.08 Change 300 Accidion
14 CITY-ST-ZIP	****300.08 ****300.08 Change 300 Accidion
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS	****300.08 ****300.08 Change 300 Accidion
STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL  14 CITY-ST-ZIP  14 CITY-ST-ZIP  14 CITY-ST-ZIP  21 TITLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE NAME  32 NAME 32 NAME 33 NAME	****300.00

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE** 

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME 1

CITY-ST-ZIP

UBE REQUIRED

DELETE

DELETE.

CR2E034 (11/98)

Addition

Addition

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Change