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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Feb 09 1998 8:00am Secretary of State

AL-HAJ	CORPORATION	(-)		 	AN BURN BURN BURN BURN BURN BURN BURN
Principal Place of Business Mailing Address 13480 WEST DIXIE HIGHWAY 9582 SW 4TH ST NO MIAMI FL 33161 MIAMI FL 33174 US US				DO NOT WRITE IN	
				3. Date incorporated or Qualified	
2 Principal P	ace of Business	2a. Mailing Address	 	03/12/1982 4. FEI Number	Applied For
21	ace of pusitions	26			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2226189	60 TE
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangible
24	25	29 3	10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
BE	LL, THOMAS P., P.A.		81 Name		
1740 NW 122 TERRACE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PE	MBROKE PINES FL 33026				
			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.					
agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida, Such change was au pations of, Section 607,0505, Flori	ida Statutes.	on's board of directors, I hereby accept th	e appointment as registered
SIGNATURE					•
	Signature, typed or printed name of registered ag	<u></u>	Registered Agent algnature require		ATE
12.		ID DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD AFFAR A	☐ DELETE	1.1 TITLE		Change Addition
NAME	SIDDIQI, AFTAB A		1.2 NAME		
STREET ADDRESS	12559 1/2 BISCAYNE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	Districts	1.4 CITY-ST-ZIP		Observe Haddison
TITLE		DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	2.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OTOSET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		C) better	4.2 NAME		Classific Classificati
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 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		
	ertify that the information supplied v	vith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I furti	her 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:

305-891-2487