

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001177 (3)

1. Corporation Name

ARRAY ENTERPRISES INTERNATIONAL, INCORPORATED



Principal Place of Business

4414 MARTINS WAY, STE G  
ORLANDO FL 32808

Mailing Address

4414 MARTINS WAY, STE G  
ORLANDO FL 32808

2. Principal Place of Business

21 4414 MARTINS WAY

Suite, Apt. #, etc. SUITE G

22 ~~4414 MARTINS WAY~~ G

City & State ORLANDO FL

Zip 32808 Country

24 32808 25

2a. Mailing Address

26 4414 MARTINS WAY

Suite, Apt. #, etc. SUITE G

27

City & State ORLANDO FL

Zip 32808 Country

29 32808 30

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

4. FEI Number

59-3287859

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALI, KAMRUDDIN I  
4414 MARTINS WAY, STE G  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 (if not applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME ALI, KAMRUDDIN I  
STREET ADDRESS 5001 KIPP PLACE  
CITY-ST-ZIP ORLANDO FL

TITLE VTD ☐ DELETE

NAME ALI, JOAN F  
STREET ADDRESS 5001 KIPP PLACE  
CITY-ST-ZIP ORLANDO FL

TITLE VSD ☐ DELETE

NAME ALI, NORMA R  
STREET ADDRESS 5001 KIPP PLACE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ali Kamruddin I. Ali KAMRUDDIN I. ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407) 293-0312

CR2E034 (12/95)