

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Gwendolyn B. Martinham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F96000001178
Corporation Name
KAZMI COMMODITIES INC.

FILED
May 06 1997 8:00am
Secretary of State

Principal Place of Business
1901 S. Harbor City Blvd
Suite 600
Melbourne, FL 32901
Mailing Address
Same

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		* FBI Number 52-1958610		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

8. Name and Address of Current Registered Agent
* ZEHRA KAZMI
1901 S. HARBOR CITY BLVD
SUITE 600, MELBOURNE
FL 32901

9. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 86 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE ☐ DELETE		11 TITLE ☐ Change ☐ Addition	
NAME * ZEHRA KAZMI		12 NAME	
STREET ADDRESS * 1901 S. HARBOR CITY BLVD		13 STREET ADDRESS	
CITY-ST-ZIP * SUITE 600, MELBOURNE, FL 32901 ☐ DELETE		14 CITY-ST-ZIP	
15 TITLE ☐ DELETE		21 TITLE ☐ Change ☐ Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
16 TITLE ☐ DELETE		31 TITLE ☐ Change ☐ Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
17 TITLE ☐ DELETE		41 TITLE ☐ Change ☐ Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
18 TITLE ☐ DELETE		51 TITLE ☐ Change ☐ Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
19 TITLE ☐ DELETE		61 TITLE ☐ Change ☐ Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: X Zehra Kazmi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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***165.00

04-28-97