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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27 1997 8:00am Secretary of State

DOCUMENT # H12606

			·							
Principal Place of Business Mailing Address							*** 6.441 E.511 E15		1071 1301	
7800 W. 25TH (HIALEAH FL 33			7800 W. 25TH COURT HIALEAH FL 33016-2757							
						3. Date Incorporated or Qualified 07/17/1984	3a. Date of 1		port	
2. Principal FI	lace of Business	2a. Mailing Adoress	2a. Mailing Adoress			4. FEI Number			olied For	
21		26				59-2933664		Not	App!icable	
Suite, Apt #, etc.		Suito, Apt #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	<u> </u>	dded to	Fees	
Zip	Gountry	Zip	Coun	itry		8. This corporation has liability for in		nder s.	199.032,	
24	25 9. Name and Address of Currer	29	30			Florida Statutes 42 10. Name and Address of New Reg	Yes No			
IACC	FER, FAUZIA	it negistaled Again		B1	Name	(U. Name and Address of New Reg	stered Agent	~		
	PEN, PAUZIA WALKERS WAY				140110					
	LAUDERDALE FL 33331				Street Addres	ress (P.O. Box Number is Not Acceptable)				
F1. L	LAQUENDALE PL 33331		<u> </u>	83	121911 14114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~~····································			
			1	B4	City		FL 85	Zip C	ode	
11. Purscant (to the provisions of Sections 607.050	02 and 607 1508. Fiorida Stat	ules the abo	OVEN	named corno	ration submits this statement for the pu		aino ite	registered	
office or re	egistered agent for both, in the State	rof Florida. Such change wa	s authorized	by t	the corporation	n's board of directors. I hereby accept	the appointme	ent as r	egistered	
	nī fam har with, and accopt the oblig	rations or, section 607.0505,	Florida Statu	ites.						
SIGNATURE	Signature Types or prested tracia of ragacined again	ent and to ill applicable IN	CiTE: Bogistered	Apent	signature required	I when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	3 IN 12	
trist	Р	☐ DELETE	1.1 7171	. E			☐ CF	range	Addition	
NAME	JAFFER, MOHSIN		1.2 NAN	ΛĘ						
STEEFT ADORESS	2700 WALKERS WAY		1.3 STR	EET AL	DORESS					
007 - \$1 - 2IP	FT. LAUDERDALE FL 33331		1.4 CITY	Y - \$1 -	ZIP					
HTLE	V	DELETE	2.1 TITE	ξ.			☐ Ct	range	Addition	
NAME	JAFFER, FAUZIA		2.2 NAN	Æ						
STREET ADDRESS	2700 WALKERS WAY		2 3 STR	EET AL	DDRESS					
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NAME			3.2 NAM							
STREET ADDRESS					DORESS					
City-St ZIF		DOLETE	3.4. CIT		· ZIP				·	
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NAME			4. 2 NAI		1					
STREET CADORESS			4.3 STR		1					
CITY - ST- 2IP		DELETE	4.4 CITY		ZIP		- 1	32000 4	Maldican	
NAME		FIII DETENT	5.1 TITL		1		L Cr	arrye	Addition	
STREET ADDRESS			5.2 NAM		DDBECC			10	17×17	
CITY-ST-7IP			5.3 STR						110	
TITLE		DELETE	5.4 CITY 6.1 TITU		LIF .		CI	nange	Addition	
NAME		hand trees the	5.2 NAM					-	- Familial	
STREET ADDRESS			6.3 STR		nnness	600002071 -01/28/970103	0516	I		
City - ST - 7IP			6.4 City			-01/ <u>28/97</u> 0103	4020			

14. I do breby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07 (3)(1). Florida Statutes, I further certify that the information indicated on this annual report or supplieriental 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

SIGNATURE: