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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

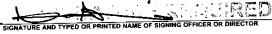
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DOCL	JMENT	# .]	15721

1. Corporation ARBAB E	NGINEERING INCORPOR	Ated							
Dissipal Place	of Business	Mailing Address			<del></del>	- I Hadilla alta utan autu tenia una utan			
% ALIAKBAR ARBAB % 11900 BISCYNE BLVD. STE 508 119		% ALIAKBAR ARBAB	% ALIAKBAR ARBAB 11900 BISCAYNE BLVD. STE 508		DO NOT WRITE IN T	-liS_SF	ACE		
MIAMI FL 33181 US		US				3. Date Incorporated or Qualifed			Ì
00						05/06/1986		Appli	ied For
Principal Place of Business     Address     Address		6			4. FEI Number		·   - +	Applicable	
21		26				59-2667016		\$8.75 Ad	
Suite, Apt. #	#, etc.	Suite, Apt. #, et	tc.			5. Certificate of Status Desired		Fee Req	
22		27 City 8 State				6. Election Campaign Einancing		\$5.00-M	lay Be
City & State	)	City & State				Trust Fund Contribution		Added to	Fees
23	Country	<b>28</b>	Cour	ntry		8. This corporation owes the current year	r Intan	gible	
Žip	Country	29	30			Personal Property Tax.		⊿Yes L	No
24	9. Name and Address of Cui					10. Name and Address of New Registe	red Ag	jent	
	g, Name and Address of our			81	Name				
ARBA	AB, ALIAKBAR		-	82	Street Add	ress (P.O. Box Number is Not Acceptable)	_		
	O BISCAYNE BLVD.						_		
STE	508			83		•			
MIAN	AI FL 33181		ŀ	84	City			85 Zip C	ode
			ļ	1 1 7			FL.	enging its f	onistered
office or r agent. I a SIGNATURE	m familiar with, and accept the ob	late of Florida. Such Change bligations of, Section 607.05	505, Florida Statu	ıtes.		ed when reinstating) DAT	سر E		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S ANL	☐ Change	Addition
TITLE	DP	☐ DEI	LETE 1.1 TΓ	ΓLE	}	·			_
NAME	ARBAB, ALIAKBAR		1.2 N						
STREET ADDRESS	ASSED BOOK OLADES BLV	D W	1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			TY-ST	r-ZIP			Change	Addition
TITLE		☐ DE	h			-			
NAME			2.2 N						
STREET ADDRESS	<b>s</b>				ADDRESS				
CITY-ST-ZIP				TY-S	IT-ZIP			Change	☐ Addition
TITLE			3.1 N		Į				
NAME					T ADDRESS				
STREET ADDRESS	s				١.				<u></u>
CITY-ST-ZIP			3.4. C ELETE 4.1 T	_	ST-ZIP			☐ Change	Addition
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NAME			<b>.</b>		T ADDRESS				
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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.

SIGNATURE:



2/9/99

Daytime Phone #