SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K40223

SHELAMI INVESTMENTS, INC.

(5)

APPROVED AND FILED



1997 AUG 15 AH 9: 03

SECRETARY OF STATE TALLAHASSEF, FLORIDA

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Principal Plac	e of Business	Mailing Address			<u> </u>	81011 01811 01045 02011 81811 07011 1881
222 NE 1ST /	AVE.	222 NE 1ST AVE.	222 NE 1ST AVE.		1	
HALLANDALE FL 83009 HALLANDALE FL 33009)			
					DO NOT WRITE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
a Dela sia al D	la a a f Dual a a a	a. Maltina Address			10/18/1988	02/01/1996
_ '	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# pic	Suite, Apt #, etc.			65-0078602	Not Applicable \$8.75 Additional
22	#, 0 10.	27		5. Certificate of Status Desired	Fee Regulred	
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Cou	intry	8. This corporation owes or has pai	d the current year Intangible
24	25	29	30		Personal Property Tax due June	
	g. Name and Address of Current	Registered Agent		221	10. Name and Address of New Reg	Istered Agent
	AHSULTAN, RAMJI			81 Name	بالمعر والمعرور والمعرور والمعرور والمعرور والمعرور والمعرور والمعرور والمعرور والمعرور	
16546 N.E. 26 AVENUE			82 Street Addr	ess (P.O. Box Number Is No region at	701074003	
	T. 6G				****185	
NU	RTH MIAMI BEACH FL 33160			63	d.u.wa.100	.00 ****105.00
				84 City		85 Zip Code
44 5		2 1007 4600 Flyida Di-				FL 63 Zip code
office or t	egistered agent, or both, in the State	of Florida. Such change was	utes, the a s authorize	d by the corporat	oration submits this statement for the pion's board of directors. I hereby accep	t the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, I	Florida Sta	tutes.		
SIGNATURE	Signature, typed or printed name of registered agen	All and tale if applicable (Al	OTF Boniclara	d Agent signature requir	ad uthon rainstaling)	DATE
12.	OFFICERS AND		13.	o rigorii bigi intolo regan	ADDITIONS/CHANGES TO OFFIC	
TITLE	PDS	DELETE	1.1 TI	TLE		Change Addition
NAME	ramji, shahsultan		1.2 N	AME		[:
STREET ADDRESS	16546 NE 28 AVE.		1.3 S	TREET ADDRESS		i.
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 C	HY-ST-ZIP		
TITLE		☐ DELETE	2.1 TI	TLE		Change Addition
NAME			2.2 N	AME		†
STREET ADDRESS			2.3 \$	TREET ADDRESS		1
CITY-\$T-ZIP			2.40	CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 10	TLE		Change Addition
*NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP	1-1-1	T priese		CITY-ST-ZIP		
TITLE		[_] DELETE	41 Ti	í		Change Addition
NAME			4 2 N	ı		
STREET ADDRESS				TREET ADDRESS		1
CITY-ST-ZIP		DELETE		ITY-ST-ZIP		Change Addition
TITLE			5.1 Ti			Containing Control
NAME OTDEET ADDRESS			5.2 N	- 1		ŀ
STREET ADDRESS				TREET ADDRESS		
CITY-\$T-ZIP TITLE		☐ DELETE	5.4 C 6.1 Ti	TLE		Change/ Addition
NAME			6.2 N			
STREET ADDRESS				TREET ADDRESS		MUMBH!
ALLIECT MODICOS			0.3 3	mici ADMICOO		71 No.

14. I do 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.

changed, or on an attachment with an address.

8. 11.97

954, 456, 2262

SHELLAMI /NUESTMENT

Q.11,97,

Horida DEPT OSTATE.

Dear SiR.

Cheque & forms were marled Jan. 3. 97. by chequeno. 248) Cheque is not cleared the bank So, we are sending another

Choque

Thous.