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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 🐭 🦠 DOCUMENT # K40223

SHELAMI INVESTMENTS, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90005 038 ***150.00



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57	- f D i	Mailing Address					141 MIGHT B18	
Principal Place		Mailing Address			1		•	
222 NE 1ST AV HALLANDALE F		222 NE 1ST AVENUE HALLANDALE FL 33009						
TINEENITOREE :	2 00000	US			DO NOT WRI	TE IN THIS S	SPACE	
					3. Date incorporated or Qualifed 10/18/1988	<u>-</u>		******
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0078602			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional
22		27			5. Certificate of Status Desired		Fee	Required
City & State	e	City & State			6. Election Campaign Financing			0 May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curr			⊠Ko
24	25	29 30	0]		Personal Property Tax.		Yes	MNO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	cediatelen w	deur	
SHA	HSULTAN, RAMJI		["	Name				
	6 N.E. 26 AVENUE		82	Street Add	ress (P.O. Box Number is Not Accepte	able)		
APT.			83	,		•	***	5 - 10 S (10 10 10 10 10 10 10 10 10 10 10 10 10 1
	TH MIAMI BEACH FL 33160		6.	'			3.41.20	
11011	THE WAR DESIGNATE OF THE		84	City		FL	85 Zi	ip Code
		1007 1500 51 11 51 11			ti-n cubmits this statement for the		banging	its registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	norized by	/ the corporati	on's board of directors. I hereby accep	ot the appoin	tment as	registered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent		•	ant signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12
12.	PDS OFFICERS AND	DELETE DELETE	13.	 -	ADDITIONS/CHANGES TO OF	FICENS AIN	Chang	
TITLE	RAMJI, SHAHSULTAN		1.2 NAME					_
NAME	16546 NE 26 AVE.	•		ET ADDRESS				
STREET ADDRESS	NORTH MIAMI BEACH FL		1.4 CITY-:					i
CITY-ST-ZIP TITLE	1401111 MILAMI BEACTITE	☐ DELETE	2.1 TITLE				Chang	ge - Addition
			2.2 NAME					
NAME				T ADORESS				
STREET ADDRESS			2. 4 CITY-	1				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE				Chang	je
NAME	•		3.2 NAME	1				
STREET ADDRESS		•		ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	1				
TITLE		☐ DELETE	4.1 TITLE			···-	Chang	e Addition
NAME			4. 2 NAME	<u>.</u>				1
STREET ADDRESS			4.3 STREI	ET ADDRESS				-
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		***		Chang	ge 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP	**		5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	ge
NAME	·		6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
				1				

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:

PRES.