

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05801 (0)

1. Corporation Name

SIDIKI, INC.



Principal Place of Business

845 EAST 49TH STREET  
HIALEAH FL 33013

Mailing Address

845 EAST 49TH STREET  
HIALEAH FL 33013

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 08/01/1989  | 04/04/1995                     |
| 4. FEI Number   | Applied For                    |
| 65-0226615  | Not Applicable                 |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| <input type="checkbox"/>  |                                |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>  |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKBAR, JUNAID  
845 E. 49 STREET  
HIALEAH FL 33013

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME SIDIQUI, ATHAR  
STREET ADDRESS 845 EAST 49TH STREET  
CITY-ST-ZIP HIALEAH FL

TITLE V ☐ DELETE  
NAME AKBAR, JUNAID  
STREET ADDRESS 845 EAST 49TH STREET  
CITY-ST-ZIP HIALEAH FL 33013

TITLE S ☐ DELETE  
NAME MANZER, MASOOD  
STREET ADDRESS 10233 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE V ☐ DELETE  
NAME SADIQ, KHALID  
STREET ADDRESS 9310 FOUNTAINBLEU BLVD. #601  
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ DELETE  
NAME MAHMOOD, KHALID  
STREET ADDRESS 9380 FOUNTAINBLEU BLVD. #502  
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ DELETE  
NAME AZCHAR, NIGHAT  
STREET ADDRESS 845 E. 49TH ST  
CITY-ST-ZIP HIALEAH FL 33013

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASOOD MANZER  
SECRETARY

Date

Daytime Phone #

CR2E034 (12/95)