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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20661

(9)

MINILIK REMP, INC.

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Principal Place of Business			Mailing Address		T I SERIEDI) DER FIDIT BOITE BUILD HULBE FIDI DIDIT BUDIT BUDIT BURIL BIRIL BERUT (BRIL
5401 8 KIRKMAN RD SUITE 725 ORLANDO FL 32819			5401 S KIRKMAN RD SUITE 725 ORLANDO FL 32819-7912		
US			U\$ 		3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
	Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	Suite, Apt.	# elc	26		59-2969934 Not Applicable
22	ouite, Api.	w, 610.	27		5. Certificate of Status Desired
	City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23	Zip	Country	28	Country	Trust Fund Contribution Added to Fees
24	Σiβ	25	F-1 '	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes □ No
24			of Current Registered Agent	30	10. Name and Address of New Registered Agent
KHATIB, RASHID A 81 Name					ame
5401 KIRKMAN RD.				82 Street	roet Address (P.O. Box Number is Not Acceptable)
	SUIT	E 725			
	ORL	ANDO FL 32819		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					
					nature required when reinstaling) DATE Construction of the control of the contr
12.		D	CERS AND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 Change Addition
NAM	Ļ	KHATIB, RASHID A.	part of the control o	1.2 NAME	Stange Yildingt
	ET ADDRESS	5401 S KIRKMAN RD	SUITE 725	1.3 STREET ADDRES	ESS .
CITY	- ST-2IP	ORLANDO FL 32819		1.4 City - \$1 - ZiP	
TITL	E		☐ DELETE	2.1701.6	Change Addition
NAM	ie į			2.2 NAME	
STRE	EET ADDRESS	1		2.3 STREET ADDRES	ESS
_	- ST - Z IP			2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·
TITL			☐ DELETE	3.1 TITLE	Change Addition
NAM				3.2 NAME	
	ET ADDRESS			3.3 STREET ADDRES	
TITL	-ST-ZIP		DELETÉ	3.4, CITY-ST-ZIP 4.1 TITLE	Change Addition
NAM	•			4. 2 NAME	Onlings Addition
	EET ADDRESS			4.3 STREET ADDRES	rss
	-ST-ZIP			4.4_C(1) - \$1 - Z(P	·
TITL			DELETE	5.1 TITLE	Change Addition
NAM	E			5.2-NAME	
STR	EET ADDRESS			5.3 STREET ADDRES	rss
CITY	-ST- Z IP			5.4 CITY - \$1 - ZIP	
TITU	E		DELETE	G.1 TITLE	Change Addition

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 eath; 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.

01011471105

STREET ADDRESS

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FILED

May 02 1997 8:00am

Secretary of State