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May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L26301 (6)

1. Corporation Name  
1550 SOUTHWEST 27TH AVENUE CORP.

Principal Place of Business  
1550 SW 27TH AVE.  
MIAMI FL 33145

Mailing Address  
1550 SW 27TH AVE.  
MIAMI FL 33145-2043



3. Date Incorporated or Qualified 10/26/1989  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0166889	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

HUSSAIN, MUSHTAQ  
3251 SW 87 AVE  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name BAIG, ARIF  
82 Street Address (P.O. Box Number is Not Acceptable) 1400 S.W. 27 AVE  
83 APT #205  
84 City MIAMI FL 85 Zip Code 33145

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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HUSSAIN, MUSHTAQ	1.2 NAME	
STREET ADDRESS	3251 SW 87 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	PD
NAME	BAIG, ARIF	2.2 NAME	BAIG, ARIF
STREET ADDRESS	3061 SW 20 STREET	2.3 STREET ADDRESS	1400 S.W. 27 AVE APT #205
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ 04-14-97 (305) 442-2574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)