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Aug 06 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 # **L48603** (9)
1. Corporation Name
A.A.A. MANAGEMENT, INC.

Principal Place of Business

**12114 NAPIER CIRCLE
ORLANDO FL 32826**

Mailing Address

**12114 NAPIER CIRCLE
ORLANDO FL 32826-2401**

3. Date Incorporated or Qualified
02/02/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3002697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALI, SHAHAZ S.
12114 NAPIER CIRCLE
ORLANDO FL 32826**

10. Name and Address of New Registered Agent

81 Name

RAWJI, ABDUL AZIZ

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

12114 NAPIER CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32826

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 **Ali Shahaz S.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **JUL 17, 1997**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ALI, SALIM H.**
STREET ADDRESS **12114 NAPIER CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **S** ☐ DELETE

NAME **ALI, SHAHAZ, S.**
STREET ADDRESS **12114 NAPIER CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **VP** ☐ DELETE

NAME **RAWJI, ABDULAZIZ**
STREET ADDRESS **401 W 4TH STREET**
CITY-ST-ZIP **CHULUOTA FL 32768**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002260266

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*****550.00**

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

CR2E034 (9/96)