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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90027 003 ***150.00

	1999							-
DOCUI	MENT # L68167				•			
MAZZAWI, BISHOUTY & HATEM, INC.						1		
1717 16-6-7 171	n, bibliooff a fixtem, in	.						
Principal Place	e of Business	Mailing Address				- \	iõit atalt gebut bi	EN BABAN MABN
51 S HOMESTEAD BLVD. 51 S HOMESTEAD BLVD.								
HOMESTEAD FL	L 33030-7421	HOMESTEAD FL 33030-7421				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	0.7.02	}
						04/24/1990		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				65-0190047		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & Stat		City & State		-		G. Fleetler Compaign Financing	\$5.00	
City & Stat	e	28				6. Election Campaign Financing Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year int	angible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
LIATI	TM FOLIAD M			81 N	ame	•		
HATEM, FOUAD M 51 S. HOMESTEAD BLVD.				82 S1	treet Addre	ess (P.O. Box Number is Not Acceptable)	,	
	IESTEAD FL 33030		}	83				
1101	EGIEND 1 E GOOGG			03				
				84 C	ity	FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					med corpo	protion submits this statement for the nurnose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized	by the	corporation	n's board of directors. I hereby accept the appoi	ntment as reg	gistered
SIGNATURE	The second secon							
SIGNATURE	Signature, typed or printed name of registered agei			Agent sign	nature required	when reinstating) DATE		70 111 10
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	RS IN 12
TITLE		_					[_] Silange	
NAME STREET ADDRESS		HATEM, FOUAD		REET ADD	RESS			Į
CITY-ST-ZIP	HOMESTEAD FL			Y-ST-ZIP				
TITLE	DVT	C Act care					☐ Change	Addition
NAME	MAZZAWI, TOUFIC			ME				-
STREET ADDRESS			2.3 STF	REET ADD	RESS			
CITY-ST-ZIP			2.4 CI	ry-st-zif	>			
TITLE			3.1 ∏∏		:		☐ Change	☐ Addition
NAME	MAZZATI, MONEM		3.2 NA					
STREET ADDRESS			1	REET ADO				
CITY-ST-ZIP TITLE	HUMESTEAD FL	☐ DELETE	4.1 TIT	TY-ST-ZIF			☐ Change	Addition
NAME			4, 2 NA					1
STREET ADDRESS			-	REET ADO	RESS			[
CITY-ST-ZIP	•			Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT				☐ Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS				REET ADD				
CITY-ST-ZIP		□ DELETE		Y-ST-ZIP	<u>'</u>		Change	Addition
TITLE		☐ DELETE	6.1 TIT				☐ Change	☐ Addition
NAME		_		ME REET ADO	nRESS]
STREET ADDRESS		\	0.3 311	CE PUU				

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 of supplemental another report is true and accordance 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: