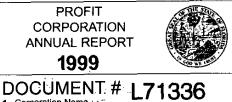
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DALAG REALTY ENTERPRISES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State **Katherine Harris**

05-06-1999 90022 032 \*\*\*150.00

Principal Place of Business Maifing Address							BIBIL BIBIL BIBIL BI	(DI) BIBIL IBBI
C/O NABIL DAL		C/O NABIL DALAO						
P.O. BOX 69-49		P.O. BOX 69-4992				DO NOT WORK IN THE	0.00405	
MIAMI FL 33269	9	MIAM1 FL 33269				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 05/07/1990		
A Dissipal D	In an of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
<del></del>	lace of Business	2a. Walling Address				65-0325202	<b>⊢</b>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	dditional
22	, 000.	27	27			5. Certifcate of Status Desired	Fee Red	quired
City & State	<u> </u>	City & State			<del></del>	6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir		
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent	
-	AO MADII			81	Name			
	AQ, NABIL			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
830 NE 182ND TERR. MIAMI FL 33162								
MIAN	MI FL 33102			83				
				84	City	F	85 Zip C	ode
				Ш				registered
l office or r	egistered agent, or both, in the Stat	te of Florida. Such change was at	utnonzec	וז עט נ	-nameo co he corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	pintment as rec	gistered
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Flor	rida Statı	utes.				
SIGNATURE		41075	B 11		-/	uired when reinstating) DATE		
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:  AND DIRECTORS	13.	Agent	signature redu	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	P	DELETE	1,1 TD	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME	DALAG, NABIL		12N4					İ
STREET ADDRESS	830 NE 182ND TERR.		4		ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	TY-ST-				
TITLE	1111 477 1 2	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME		1			
STREET ADDRESS			2.3 S1	REET /	ADDRESS			
CITY-ST-ZIP			2.4C	ITY-ST	-ZIP			
TITLE		☐ DELETE	3,1 Ti	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3,3 \$1	REET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP			
TITLE		☐ DELETE	4,1 70	TLE			Change	☐ Addition
NAME			4.2N	AME				
STREET ADDRESS			4.3 ST	TREET A	ADDRESS			
CITY-ST-ZIP			4,4 CI	TY-ST-	ZIP			
TITLE	,	☐ DELETE	5.1 TI				Change	☐ Addition
NAME			5.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST-	-ZIP			Addison
TITLE		☐ DELETE	6.1 ∏				☐ Change	☐ Addition
NAME			6.2 N		[			
STREET ANDRESS			6.3 ST	TREET.	ADDRESS			

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO