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

CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrefary of State DIVISION OF CORPORATIONS

DOCUMENT # M83624

(0)

SALMA ENTERPRISES OF SOUTH FLORIDA, INC.

FILED

98 JAN 26 PM 5:06

SECHENCER OF STATE TALLAMASSIE, FLORIDA



Principal Place of Business Mailing Address 3951 N.W. 7TH STREET 3951 N.W. 7TH STREET PLANTATION FL 33317 PLANTATION FL 33311-								
					3. Date Incorporated or Qualified 06/02/1988	3a. Date of La 10/16/199	st Report	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0052978	·	Applied For	1
Suite, Apt. #, etc.		26	<del></del> -		¢0.75			-
22		Suite, Apt. #, etc.	• •		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional Required	
City & State		City & State	<u>⊢</u> ¬ ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			]
24	25 29 3 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No  10, Name and Address of New Registered Agent			-
MIDA	Name and Address of Cur	rrent Hegistered Agent		81 Name	10. Name and Address of New He	listered Agent		┨
	9 FOXCROFT ROAD #111							
	AMAR FL 33025				dress (P.O. Box Number is Not Acceptable)			
•				83				
				84 City		FL 85	Zip Code	1
1 office or o	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	late of Florida, Such change was:	authorized	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changir t the appointment	ng its registered I as registered	
SIGNATURE	Signature, lyaded or purpose marrie of registered	ASTF Y	IF Registered	MAUT Agent a griature requi	V.C. [2198	DATE		
12.		AND DIRECTORS	13.	, 19.11 9.111111111111111111111111111111	ADDITIONS/CHANGES TO OFFIC		FORS IN 12	Œ
TITLE	P	DELETE	1.1 1111	.E		☐ Chan	ge Addition	96/6)
NAME	KIRMANI, TARIQ	444	1.2 NA	<b>V</b> E	5000024	15335	5O	F034
STREET ADDRESS	3399 FOXCROFT ROAD, #1	111	1.3 \$16	EET ADDRESS	<b>5000024</b> -01/28/9	/801108-	024	ĬĔ
CIT - ST - ZIP	MIRAMAR FL 33025			Y-SI-ZIP	****900 0 ****90		ge Addition	18
TITLE	VP LIRMANI, ASIF		2.1 TITLE 2.2 NAME			C Clian	ge □] Aballion	
STREET ADDRESS	9900 EOVODOET DOAD, 4111			IEET ADDRESS	DRESS			
CITY-ST-ZIP	MIRAMAR FL 33025	• • • •		Y-ST-ZIP				
TITLE		DELETE	3.1 1:11			☐ Chan	ge Addition	1
NAME			3.2 NAf	AE				
STREET ADDRESS	l E		3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			00	
TITLE	•	☐ DELETE	4.1 7(1)	.E		9 7 han	ge Addition	he
NAME			4. 2 NA	ME DE	NSTATEMENT			()
STREET ADDRESS			4.3 STR	EET ADO AS	HOIVIENIEN.	Sc	1-21	
CITY+ST-ZIP		The state		Y - S1 - ZIP			t	-
TITLE		DELETE	5.1 TITE	- 1		Chan	ge Addition	
NAME			5.2 NAM					
STREET ADDRESS				EFT ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 C(1)	Y-ST-ZIP		☐ Chan	ge Addition	1
NAME		_ been	6.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
3(1) - 01 - EII	L		0 011	·	T. O. C. 440 07(0)(1) Fly (1) Out (1)	1.6 11 116 4		4

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 of changed, or on an attachment with anyaddress.