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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P283

(4)

SOUTHERN COMMERCIAL ENTERPRISES, INC.

Principal Place of Business Mailing Address P. O. BOX 7431, F.D.R. STATION P. O. BOX 7431, F.D.R. STATION NEW YORK NY 10150-8911 NEW YORK NY 10150-8911 3a. Date of Last Report 3. Date incorporated or Qualified 02/27/1990 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 11-2984166 21 26 Not Applicable Suite Apt # etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing City & State City & State \$5.00 May Be \Box Trust Fund Contribution 23 Added to Fees 28 Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032 Country Yes No Fiorida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HALLIM, SALLIM Street Address (P.O. Box Number is Not Acceptable) 82 2021 INTERHAVEN ROAD WEST PALM BEACH FL 33415 83 Zip Code 84 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 0505, Fix. do Statutes. SIGNATURE Slangiture, to peed do printed from a 6th redester of superface 11th of support ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELF! PD Change Addition TOTALE 1.1111.6 HALLIM, MARK 1.2 NAME NAME PO BOX 7431, FDR STATION/NA STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** 1.4 City - ST-ZiP CITY-ST-ZIP Change Add tion SD DELETE 2.1 THUE TITLE HALLIM, REYAZ NAME 2.2 NAME 2021 INTERHAVEN RD 2.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP 2.4 City - ST - 7if* TD ☐ Change ☐ Addition DELETE 3 1 THE TITLE HALLIM, SHAHEED 3.2 NAME NAME PO BOX 7431, FDR STATION/NA 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4 OIFY - ST. ZiP CITY-ST-ZIP DELETE 4 1 TITLE ☐ Change Addition TITLE 4.2 NAME NAME 4.3 STRÉET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - 2IP [] DELETE 5 1 TOTALE Change nc tibbA TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIF DELETE Change ☐ Addition 6-15HLE TITLE € 2 NAME NAME STREET ADDRESS £3 STREET ADDRESS 6.4 City - ST - ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this acround report or suppremental amount report is true and account that my signature shall have the same legal effect as if made under early 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

SIGNATURE

appears in Block 12 or B

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

inged, or on an attachin ent with

May 30, 1996

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