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Feb 28 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 # P92000000546 (1)

1. Corporation Name  
19TH STREET, INC.



Principal Place of Business  
1547 HAMMONDVILLE ROAD  
POMPANO BEACH FL 33060

Mailing Address  
1547 HAMMONDVILLE ROAD  
POMPANO BEACH FL 33069-1852

3. Date Incorporated or Qualified 10/29/1992  
3a. Date of Last Report 02/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0368157

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABDELGHANI, BASAM  
1547 HAMMONDVILLE ROAD  
POMPANO BEACH FL 33060

81 Name Abdellatif Juma

82 Street Address (P.O. Box Number is Not Acceptable)  
1547 Hammondville Road

83

84 City Pompano Beach FL 85 Zip Code 33060

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 *Abdellatif Juma* Abdellatif Juma 2/20/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME BASAM, ABDELGHANI  
STREET ADDRESS 1547 HAMMONDVILLE RD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE Vice President ☒ Change ☐ Addition  
1.2 NAME Basam Abdelghani  
1.3 STREET ADDRESS 1547 Hammondville Rd.  
1.4 CITY-ST-ZIP Pompano Beach FL 33060

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE President ☐ Change ☒ Addition  
2.2 NAME Abdellatif Juma  
2.3 STREET ADDRESS 1547 Hammondville Rd.  
2.4 CITY-ST-ZIP Pompano Beach FL 33060

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Abdellatif Juma* Abdellatif Juma 2/20/97 954-974-6464  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)