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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P92000005918 (7)

AL SYED CORP.

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
CARVEL #1		CARVEL #1293				
5787 NW 7TH STREET MIAMI FL 33126		5787 NW 7TH STREET MIAMI FL 33126			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					11/16/1992	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	6		65-0371835	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			C. Commodis of change source	Fee Required
City & State		· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<u>}</u>		8. This corporation owes or has paid the co	urrent year Intangible Res No
24	25 S. Name and Address of Current		30		Personal Property Tax due June 30. LX Yes L_ No 10. Name and Address of New Registered Agent	
		t tiegistered Agent	81	Name	10, maile and Address of Non-Hegierone	
	.VCHEN, BARNEY B 840 W 49 ST					
SUITE 226			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012			83	 	· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •	INDEATT COOTE		_			last 7: O. I.
			84	City	Fi	L 85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	er e eg	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	DELETE 1.1				Change Addition
NAME	SHAH, SYED	1.2 h				
STREET ADDRESS	5451 W 9 LN	1.3 S		ADDRESS		
CITY-ST-ZIP	HIALEAH FL			ST - ZIP		
TITLE	VP	••				Change Addition
NAME			2.2 NAME			
STREET ADDRESS	- 10 1 17 - 0 1 1 1 - 1 1 1 - 1 1 1 - 1 1 1 1 1 1		2 3 STREE	I ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			F ADDRESS		
City-ST-ZIP	HIALEAH FL	DELETE	3.4. CITY -	ST-ZIP		Change Addition
TITLE			4.1 TITLE			El cuande El vacation
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STRE			
CITY-ST-ZIP TITLE		DELETE	4.4 City - : 5.1 Title	21 - 242		Change Addition
NAME		find section	5.2 NAME			
STREET ADDRESS			5.3 STREE	LADOBESS		
CITY-ST-ZIP			5.4 CITY-1			
TITLE		DELETE	6.1 TITLE	/1 E11		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				F ADDRESS		
CITY+ST-ZIP		_	6.4 CITY-			
QATE OF ER			-		Cartier 440 07/0V/V Florida Cratidas I fortbas	

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.

A. SHAH (305)265-9313