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: Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200008705 (5)

RAHDDIM, INC.

Francipal res	e or business	Mailing Address			i id bisabt sid idien einit Antit batte dater		181 8111 1881	
7220 NW 36TH STREET 7220 NW 36TH STREET MIAMI FL 33168 MIAMI FL 33168-6700								
				• •	3. Date Incorporated or Qualified	3a. Date of Last	Report	
İ.					11/30/1992	03/11/1996		
2. Principal F	lace of Business	2a. Mailing Address			4, FEI Number		pplied For	
21	26				65-0374550	1	Not Applicable	
Suite Apt	# etc	Suite, Apt. #, etc.			5, Certificate of Status Desired	1 1	Additional Required	
City & Stat <b>23</b>	е	City & State		·	Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Ζιρ <b>24</b> ]	Country 25	Ζφ 3	Count 0	гу	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes \[ \] No	s. 199.032 <sub>.</sub>	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAGASIA, HARISH 7220 NW 36TH STREET MIAMI FL 33166			L	82 Street Address (P.O. Box Number is Not Acceptable)				
	•		8	3				
	•		8	4 City		FL 85 Zip	Code	
office or i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with land accept the obl	ite of Florida. Such change was au	thorized b	ov the coroc	orporation submits this statement for the pi oration's board of directors. I hereby accep	urpose of changing t the appointment a	lts registered s registered	
SIGNATURE								
12.	Signature: typeri or protect hards of registered a	IND DIRECTORS (NOTE: I	legistered A	gent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 10	
TITLE	P	DELETE	1.1 THILE	<del></del> T	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	JAGASIA, HARISH	121				em outside	710010011	
STREET ADDRESS	7220 NW 36TH STREET			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY					
1000	VP	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	JAGASIA. RENU	Bresself	2.2 NAME	1		Unange	L. MOGRESIA	

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34, CITY-ST-ZIP

31 TILE

3.2 NAME

4.5 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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14. If 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 tegal 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

SIGNATURE:

STREET ADDRESS

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STREET ADDRESS

CITY - ST. ZiP

CITY - ST - ZIP

CITY-ST-7/P

CHY+S1+7IP

NAME

THTLE

NAME

TIT; E

NAME

HUF

7220 NW 36TH STREET

**MIAMI FL 33166** 

GIGNATURE FIE QUIPED

05/05/97.305-639-2981

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**FILED** 

May 12 1997 8:00am

Secretary of State