

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011110 (3)

1. Corporation Name

DEMHA INVESTMENTS, INC.



Principal Place of Business

% VANESSA WILLIAMS
538 NW 157TH LANE
PEMBROKE PINES FL 33028

Mailing Address

% VANESSA WILLIAMS
538 NW 157TH LANE
PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

12/29/1995

2. Principal Place of Business

2a. Mailing Address

21 AHMED ALI

26 AHMED ALI

22 320 FLAMINGO Rd.

27 320 FLAMINGO Rd

23 PEMBROKE PINES FL.

28 PEMBROKE PINES FL.

24 33028 25 BROWARD

29 33028 30 BROWARD

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

WILLIAMS, VANESSA S
1150 N.W. 141ST ST.
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name AHMED ALI
82 Street Address (P.O. Box Number is Not Acceptable)
320 FLAMINGO ROAD
83 PEMBROKE PINES, FLORIDA
84 City FL 85 Zip Code 33028

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: Ahmed Ali

(NOTE: Registered Agent signature required when reappointing)

DATE

FEB. 23 - 1996

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, VANESSA S	
STREET ADDRESS	1150 N.W. 141ST ST	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALI, AHMED S	
STREET ADDRESS	1150 N.W. 141ST ST	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AHMED ALI
2.3 STREET ADDRESS	320 FLAMINGO Rd.
2.4 CITY - ST - ZIP	PEMBROKE PINES FL 33028
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

Ahmed Ali

FEB. 23 - 1996

Date

Daytime Phone #

954-610-6114

CR2E034 (12/95)