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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtñain 🌯

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Jun 12 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P9300009201 (3)

HAMIDULLAH & ASSOCIATES CORPORATION

Principal Place of Business Mailing Address 6777 NW 7TH AVE 8777 NW 7 AVE SUITE 6 MAMI FL 83150 MIAMI FL 33150-4100 3a. Date of Last Report 05/17/1996 3. Date Incorporated or Qualified 02/01/1993 28. Mailing Address 26 1939 N.W., 8 4. FEI Number 2. Principal Place of Business Applied For 65-0391510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAMIDULLAH, HANEEF Q 6777 NW 7TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33150 83 84 City Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DFI F1F 1.1 THUE Change HAMIDULLAH, HANEEF Q NAME 1.2 NAME 1939 N.W. 81ST ST. STREET ADDRESS 1.3 STREET ADDRESS izes, der MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP TITLE 2.1 TITLE _ Addition MOKENZIE, BARBARA JEAN NAME 2.2 NAME 1939 NW 818T ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL ONY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE 3.1 TITLE Addition SIMMONS, IWANDA 3.2 NAME ETREET ADDRESS 485 NW 165TH ST RD B-305 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 61 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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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 offect as if made under eath; 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 it changed, or on an attachment with an address.