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

Mailing Address

11193 NW 17TH PLACE CORAL SPGS. FL 33071-8330

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

225 NE 135TH ST

MIAMI FL 33161



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

3a. Date of Last Report

96/6)

3. Date incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033779 (8)

MARS ENTERPRISES INC. OF AMERICA

05/11/1993 07/09/1996 4. FEI Number 2a. Mailing Address Applied For Principal Place of Business 65-0408244 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zic Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAHMUD, SHAHEEN 1505 SW 20TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33315 83 84 City 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PD \_\_\_ DELETE 1.1 ¥ITL€ Change Addition TITLE MAHMUD, SHAHEEN 12 NAME NAME 8107 NW 70TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE MAHMUD, YOLANDA 22 NAME NAME 8107 NW 70TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 2 4 CITY-ST-ZIP COY-ST-ZIE Addition DELETE 31 TITLE Change TITLE NOOR, MOHAMMED S 3.2 NAME NAME 6531 HAYES STREET 3.3 STREET ADORESS STREET ADORESS HOLLYWOOD FL 33024 CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE HOAQNE, AMINUL 4. 2 NAME HORUE, AMINU NAME 1484 AVAN LANE, APT, 2226 - 2226 4.3 STREET ADDRESS STREET ADDRESS N. LAUDERDALE FL 33068 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE VΡ 5.1 TITLE THE AHMED, FARUK 5.2 NAME NAME 980 NE 170TH STREET, STE. 208 **5.3 STREET ADDRESS** STREET ADDRESS N. MIAMI BEACH FL 33162-2542 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAMÉ **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-\$T-ZIP CITY - ST - ZIF 14. I do hereby certify that the information supplied with this filling 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.

SHAMBEN MAHMUDIOLI

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT