

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000033779 (8)**

Corporation Name
MARS ENTERPRISES INC. OF AMERICA



Principal Place of Business 16719 NE 6 AVE N. MIAMI BEACH FL 33162-2409 US	Mailing Address 16719 NE 6 AVE N. MIAMI BEACH FL 33162-2409 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1993	
4. FEI Number 65-0408244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHMUD, SHAHEEN
11193 NW 17TH PLACE
CORAL SPRINGS FL 33071**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHMUD, SHAHEEN	1.2 NAME	
STREET ADDRESS	11193 NW 17 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-2409	1.4 CITY-ST-ZIP	
TITLE	BP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARUK, AHMED	2.2 NAME	
STREET ADDRESS	655 IVES DAIRY RD #309-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOR, SAMINA	3.2 NAME	
STREET ADDRESS	16719 N.E. 6TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUQ, AMINUL	4.2 NAME	HUQUE AMINUL
STREET ADDRESS	16719 N.E. 6TH AVE	4.3 STREET ADDRESS	1484 AVON LN #1226
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	4.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

3/18/98 (954) 234-3686

CR2E034 (10/97)