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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000041689								
1. Corporation Name LALANI CORPORATION							,	
LALANI	CORPORATION				1 100 1100 110 10100 1111 00111 00111 00111 0		1 1000 100 100	
Principal Place of Business Mailing Address					1 (86) 1841 18 1818	BARL BERRA BABBL RABRE BARB	t terre tert reet	
620 N.E. 128TH STREET 820 N.E. 128TH STREET								
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161								
					DO NOT WRITE	IN THIS SPACE		
1					3. Date incorporated or Qualifed		}	
2. Principal Place of Business 2a. Mailing Address					06/14/1993 4. FEI Number	Ι Δ	pplied For	
├		26	-		65-0433803	h	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional		
22	27				5. Certificate of Status Desired	Fee R	equired	
City & State	City & State City & State				6. Election Campaign Financing		May Be	
23	28		Country		Trust Fund Contribution		to Fees	
Zip	Country Zip Co. 25 29 30		·		8. This corporation owes the current Personal Property Tax.	year Intangible	©K₀	
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Regi		20110	
			81	Name	· · · · · · · · · · · · · · · · · · ·			
LALANI, ANWARALI				Street Addi	ress (P.O. Box Number is Not Acceptable	,		
820 N.W. 128TH ST.			82	Oligot Addi	1845 (1.5. Box Hambel 15 Not Nocopiasis	<i>,</i>		
NORTH MIAMI FL 33161			83			*	}	
			84	City		85 Zip	Code	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			•				
office or re	egistered agent, or both, in the State (	of Florida. Such change was aut	thorized by ti	-named corp he corporati	poration submits this statement for the pur on's board of directors. I hereby accept the	rpose of changing its ie appointment as re	registerea egistered	
agent, la	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered Agent	signature require	ed when reinstating)	DATE	<del></del> , }	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	LALANI, ANWARALI		1.2 NAME				}	
STREET ADDRESS	820 N.E. 128TH ST.		1.3 STREET A	ADDRESS			}	
CITY-ST-ZIP	N MIAMI BEACH FL 33161		1.4 CiTY-ST-ZIP				C7 4 4 (%	
TITLE	TSD	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	LALANI, CARMENCITA Q 820 N.E. 128TH ST.		22 NAME 23 STREET ADDRESS				}	
STREET ADDRESS	N MIAMI BEACH FL 33161		1	1			Ì	
CITY-ST-ZIP	VD	[] DELETE	2.4 CITY-ST-ZIP		<del></del>	☐ Change	Addition	
NAME	LALANI, MEHDI H		32 NAME		the same of the sa		- {	
STREET ADDRESS	820 N.E. 128TH ST.		3.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI BEACH FL 33161		3.4. CITY-ST-	-ZIP			}	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME	{			}	
STREET ADDRESS			4.3 STREET A	{				
CITY-ST-ZIP		F1 pr∈ere	4.4 CITY-ST-	ZIP	<del></del>	Chares	[ ] Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	{		Change	C VORIGION	
NAME STREET ADDRESS			5.3 STREET A	ADDRESS (			ſ	
1			5.4 CITY-ST-	)				
CITY-ST-ZIP TITLE	<del> </del>	DELETE	6.1 TITLE	<del></del>		☐ Change	☐ Addition	
NAME			6.2 NAME	}				
STREET ADDRESS			6.3 STREET A	NOORESS				

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, with all other like empowered.

SIGNATURE: 1/2