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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049427

1. Corporation Name
AL-JUMAA II, INC.

Principal Place of Business
P.O. BOX 2011
HOLLYWOOD FL 33022

Mailing Address
P.O. BOX 2011
HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1993
4. FEI Number: 65-0430247 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 6915 Red Road
Suite, Apt. #, etc.
22 220
City & State
23 Coral Gables FL
Zip 24 33143 Country 25 USA

2a. Mailing Address
26 6915 Red Road
Suite, Apt. #, etc.
27 220
City & State
28 Coral Gables FL
Zip 29 33143 Country 30 USA

9. Name and Address of Current Registered Agent

SUKKAR, MAZEN M. P
2432 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name: Toni H. Alam, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6915 Red Road
83 Suite 220
84 City: Coral Gables FL 85 Zip Code: 33143

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 Toni H. Alam, C.P.A. [signature] DATE 4/30/99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUKKAR, MAZEN M.		1.2 NAME		
STREET ADDRESS	2432 HOLLYWOOD BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FASSI, T A		2.2 NAME		
STREET ADDRESS	5111 PINETREE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33140		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME			3.2 NAME	Toni H. Alam	
STREET ADDRESS			3.3 STREET ADDRESS	6915 Red Road, Suite 220	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Gables, Fl 33143	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature] TONI ALAM CPA, D 4/30/99 305-663-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)