Feb 24, 1999 8:00 am

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 # P9300049957

1. Corporation Name

PARTECH INDUSTRIES, INC.

Principal Place	e of Business		Mailing Address						O IVINO EILEI OBEIL OI	ilis dasti datis q)
847 N E 79 STI	REET	P	. O. BOX 172267									
MIAMI FL 33138	В		Alami FL 33017				Ì		DO NOT WRI	TE IN THIS	SPACE	
US		υ	JS					3. Date Incorpora			OI ACL	
								07/09/1993				
2. Principal P	lace of Business	2:	a. Mailing Address	3				4. FEI Number			A	pplied For
21		26]					65-043006	2			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc	ic.			-1	5. Certifcate of S			\$8.75	Additional
22	•	27					٠	5. Certificate of 3	tatus Desireu	<u> </u>	Fee F	tequired
City & Stat	le		City & State					6. Election Camp	aign Financing		\$5.00	May Be
23		28						Trust Fund Co	ntribution		Added	to Fees
Zip	Country		Zip	_	Country		1	This corporation	n owes the cun	rent year Inta		
24	25	29		30	<u> </u>			Personal Prop			∐ Yes_	□No
	9. Name and Address	s of Current Reg	istered Agent				1	0. Name and Ad	Idress of New I	Registered A	\gent	
DAD	ACITA TIADID II				81	Name					, .	
	ACHA, HABIB U				82	Street	Address	(P.O. Box Number	r is Not Accept	able)	•	
18908 N.W. 77 PLCE								<u> </u>				
MIAN	VII FL 33015				83				•			
					84	City		_		FI	85 Zip	Code
	to the provisions of Sectio	no CO7 OEO2 and	607 1509 Elorida	Statutoe 1	the above	-named	comorat	tion submits this s	tatement for the	purpose of o	hanging it	s registered
office or re	egistered agent, or both, in	n the State of Flor	rida. Such change '	was author	orized by 1	the corpo	oration's	board of directors	. I hereby acce	pt the appoin	tment as r	egistered
agent. I a	m familiar with, and accep	t the obligations of	of, Section 607.050)5, Florida	Statutes.							
SIGNATURE			le if englischle	(NOTE: Bee	nintered Acces	i exampluro s	navired whe	en reinstating)		DATE		
12.	Signature, typed or printed name of	FICERS AND DIR		(NOTE: Neg	13.	. signature it	oquireo min	ADDITIONS/CH	IANGES TO OF	FICERS AN	DIBECT	ORS IN 12
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","					1.1 TITLE						Change	☐ ∧odia¢n
NAME	PARACHA HABIB II		_		1.1 TITLE 1.2 NAME						₩ Change	
NAME	PARACHA, HABIB U	3896 HE	_		1,2 NAME	ADDRESS :	384	96 HERON	l RIXE	. ZN	∠ Criange	
STREET ADDRESS	18908 N.W. 77 Pt	3896 HEI WESTONE	RON RIDGE	لما	1.2 NAME 1.3 STREET	١		96 HERON STON EL			∠ Criange	_ Addition
STREET ADDRESS CITY-ST-ZIP	1 8908 N.W. 77 PL 3	3896 HE. WESTON,	_	لما	1,2 NAME	١		AG HERON STON FL			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	18908 N.W. 77 PL MIAMI FL VP NORMA I PARACHA	WESTONS,	RON RIDGE FC 3333	لم 3 ا	1.2 NAME 1.3 STREET 1.4 C/TY-ST 2.1 TITLE	١	WE	STON FX	<u>, 3333/</u>			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	18908 N.W. 77 PL MIAMI FL VP NORMA L. PARACHA 18908 N W 77 PLACI MIAMI FL SECY/TREAS ANWAR H-KH 3896 H-BROW	WESTONS, E 3896 H WESTON, HANGE LA	RON RIDGE FL 3333 DELE HERON RIDGE , FL 3333	SI SI SI SI SI SI SI SI SI SI SI SI SI S	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS ADDRESS	38° SEC ANU 38°	STON FL 96 HERD STON FA Y/TREAS NAR H. 96 HERD	13333/ NN RIDG 1.3333/ RHAN N RIDGE	E 1.4	Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	18908 N.W. 77 PL MIAMI FL VP NORMA L. PARACHA 18908 N W 77 PLACI MIAMI FL SECY/TREAS ANWAR H-KH 3896 H-BROW	WESTONS, E 3896 H WESTON, HANGE LA	RON RIDGE FL 3333 DELE FRON RIDGE , FL 3333 DELE	SI SI SI SI SI SI SI SI SI SI SI SI SI S	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.5 NAME 5.5 STREET 5.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS ADDRESS	38° SEC ANU 38°	STON FL 96 HERD STON FA Y/TREAS NAR H. 96 HERD	13333/ NN RIDG 1.3333/ RHAN N RIDGE	E 1.4	Change	Addition Addition

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:

CITY-ST-ZIP