

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90029 010 \*\*\*150.00

DOCUMENT # P93000054905

1. Corporation Name  
MJA, INC.

Principal Place of Business  
10233 SW 12 ST  
APT. 405  
PEMBROKE PINES FL 33172  
US

Mailing Address  
10233 SW 12 ST  
APT. 405  
PEMBROKE PINES FL 33173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/05/1993

4. FEI Number  
65-0435149

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

MANZER, MASOOD  
10233 SW 12 STREET  
PEMBROKE PINES FL 33172

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 ☐ DELETE

NAME MANZER, MASOOD  
STREET ADDRESS 10233 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME AZHAR, NIGHAT  
STREET ADDRESS 10233 SW 12ST  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME SIDDIQUI, JAVED  
STREET ADDRESS 10233 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME MAHMOOD, KHALID  
STREET ADDRESS 10233 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME AKBAR, JUNAID  
STREET ADDRESS 1341 SW 104TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME JUNAID, FOUZIA  
STREET ADDRESS 1341 SW 104TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNAID AKBAR SEC. 3/24/99

Daytime Phone #

CR2E034 (1/1/98)