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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 AUG 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000062878 (2)

1. Corporation Name

HALLANDALE PROPERTIES, INC.

Principal Place of Business	Mailing Address
Jeffrey M. Perlow Esq 1820 E. Hallandale Beach Blvd Hallandale, FL 33009	c/o Jeffrey M Perlow Esq 1820 E Hallandale Beach Blvd Hallandale, FL 33009

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

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report:
4. FEI Number: 65-0442882
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 has liability for intangible tax under s. 199.042 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M.
1820 E. Hallandale Beach Boulevard
Hallandale, FL 33009

10. Name and Address of New Registered Agent

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] DATE: 8/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	P Ahmed, Mohamed S c/o 1820 E Hallandale Beach Blvd Hallandale, FL 33009 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	V Ahmed, Riyaadh S c/o 1820 E Hallandale Beach Blvd Hallandale, FL 33009 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP V Ahmed, Max c/o 1820 E Hallandale Beach Blvd. Hallandale, FL 33009 XX Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	ST Ahmed, Mohamed A c/o 1820 E Hallandale Beach Blvd Hallandale, FL 33009 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP ☐ Change ☐ Add

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: [signature] Max Ahmed (954)456-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #