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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064016 (7)

FILED May 19 1998 8:00am Secretary of State

BANGAL I	FOOD INC.				HALL ON BLAND IN BUILD BUILD BALL
Principal Place of	Business	Mailing Address			dial 1101 10101 Libit 1111 1101
18405 NW 67TH AVE. 16405 NW 67TH AVE. MIAMI FL 33014 MIAMI FL 33014			Æ.		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal Place	of Business	2a, Mailing Address		09/14/1993 4. FEI Number	Applied For
21		26		65-0443443	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Octanosad or otatios acistica	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25]	29	30	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	Yes Mo
	Name and Address of Currer			10. Name and Address of New Registered	
HASAN, MOHAMMAD 81 Name LE				HEATHER M //A	SAN
2190-6WP-607H-TH.			82 Street A		
LARALLAR FICTORIOS			82 Sueet	Address (P.O. Box Number is Not Acceptable)	-
-will be with the cooks			B3		
			84 City /	CHARLE OUT	es Zio Codo
			<i>-</i>	EMOROLE PINES 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 hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Weather M. Wason				4'	30-98
	ature, typed or printed name of regreened a pr		(NOTE: Registered Agent signature)		<u> </u>
12.	DITION NO.	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change deline
	HASAN, MOHAMMAD	CI Decen	1.2 NAME	The AN MOHAMMA	? <u>)</u>
	2190 SW 80TH TR.		1.3 STREET ADDRESS	HASAN MOHAMMA 101015W 91 LAND DEMBROKEPINES, F	23025
	MIRAMAR FL 33025		1.4 CITY - ST - ZIP	DEMOROKEDINES,	-2 27 b c
TITLE	100,000,000	DELET			☐ Change ☐ Addition C
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE			L Change
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME		L., preen	5.2 NAME		
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-Zip		
TITLE		DELETE			☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	_		63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby certif	y that the information supplied w	ith this filing does not qua		d in Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information

14. Thereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

ford gan

04-30-98 (305)828-8021