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

DOCUMENT # P93000076434

1. Corporation Name

S.K.M. FLORIDA INTERNATIONAL, INC.

Principal Place of Business Mailing Address						(2010 Str. 4)888 ti	1111 6141 1881	
9998 E. COLONIAL DR. 13501 BUCKHORN RUN CO ORLANDO FL 32817 ORLANDO FL 32837 US					DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualifed 11/04/1993			
2. Principal P	lace of Business	2a. Mailing Add	ress		4. FEI Number	Appl	lied For	
21		26			<u>59-3210376</u>	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Req		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M	, (
Zip	Country	Zip		Country	8. This corporation owes the current year in	tangible		
24	25	29	30	•	Personal Property Tax.		⊒No	
241	9. Name and Address of Curr		1001		10. Name and Address of New Registered	Agent		
MUNAWAR, SAADIA A.G. 13501 BUCKHORN RUN CT. ORLANDO FL 32837					KAHLIP FERVALL			
				84 City O	HL., 2 CANDO, FL		305	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such char	nge was authori	ized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its re intment as regi	egistered stered	
SIGNATURE	Signature, typed or printed name of registered g	Complete the fragility of a project black	(NOTE: Regist	tered Agent signature require	- 1,00,9	7		
12.		AND DIRECTORS	_ `	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	P			.1 TITLE		☐ Change	Addition	
NAME	, Malik, abdul G. M.			.2 NAME				
STREET ADDRESS	40504 PHOMEOPH PUBLICATION			.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	ORLANDO FL			.4 CITY-ST-ZIP			l	
TITLE	OND TE			1 TITLE		☐ Change	Addition	
NAME		-	2	.2 NAME				
STREET ADDRESS			2	3 STREET ADDRESS				
CITY-ST-ZIP			- 1	4 CITY-ST-ZIP				
TITLE	<u> </u>			LI TITLE		Change	Addition	
NAME -				.2 NAME				
STREET ADDRESS			•	3 STREET ADDRESS				
CITY-ST-ZIP				4. CITY-ST-ZIP			ł	
17T F	 	П		1 TITLE		Change	☐ Addition	

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 trasted 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.

4.1 TITLE 4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

Addition

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90119 001 ***158.75

CR2E034 (11/98)