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 # 1. Corporation Name P93000078058 (3)

RAHMAN OIL INCORPORATED

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 19611004 tio 18109 11111 20111 Oblit Oblit Office	ianal fairi antifi filial tâlit tâlt
5000 N. STATE ROAD 7 TAMARAC FL 33319		4999 N STATE RD 7 Tamarac FL 33319 US	TAMARAC FL 33319		DO NOT WRITE IN TH	IC CDACE
		UŞ			3. Date Incorporated or Qualified	IO OF ACE
					11/05/1993	
2. Principal Place of Business 2a.		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0449539	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		Election Campaign Financing	\$5.00 May Be
23	[28]				Trust Fund Contribution	Added to Fees
Zip	Country	7 _{(p}	Cour	try	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curre	29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
<u></u>	ENTOLA, DAVID D ESQ.	nt riogistored Agent		Name	IV. Name and Address of New Register	a Agent
125 HYPOLUXO ROAD			L			
HYPOLUXO FL 33462				Street Add	dress (P.O. Box Number is Not Acceptable)	
,,,	11 00000 11 00402		la la	33	A	
:						
			1	34 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid				by the corpora	noration submits this statement for the number	of changing its registered
SIGNATURE		granora or, ex-equivi ees eese, 1 to	inda biara			
	Signature, typed or printed name of registered as			Agent signature requ	red when re-nstating) DATE	
12.	OFFICERS AN	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PATWARY, MOHAMMED S	☐ DELET€	1.1 TITL			Change Addition
NAME	40000 CHAUNA MANOD DORKE		1.2 NAN	-		3
STREET ADDRESS	BOCA DATON EL 20400			FET ADDRESS		اِ
CITY-ST-ZIP TITLE	81D	DELETE	2.1 TITL	-ST-ZIP		Change Addition
NAME	PATWARY, DEBORAH A	L Decetio	2.1 HILL 2.2 NAM			Change C Addition
STREET ADDRESS	40000 CLANINA MANOR DRIVE			EET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496			Y-ST-ZIP		
TITLE	Ō					Change Addition
NAME	MATHERY MOUANIMAN M		3.2 NAM			s.a.ngorioundii
STREET ADDRESS	dans distant transmission		3.3 STREET ADDRESS			
CITY-ST-ZIP	BACO DATON EL			(-ST-ZIP		.]
TITLE		☐ DELET E	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAN	AE .	,	
STREET ADDRESS			4.3 STR	£1 ADDRESS		
CITY-ST-ZIP	<u> </u>			- ST- ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	E		1
STREET ADDRESS			5.3 STRE	ET AODRESS	•	
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAM	E		
STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 DITY	-SI-ZIP		

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 arrinal 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 13 if changed, or on an attachment with an address.