

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000081649 (4)

To: Corporation Name

NASIM, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 1:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1151 W 68TH ST
HIALEAH FL 33014**

**1151 W 68TH ST
HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/30/1993

10/21/1994

4. FEI Number

Applied For

65-0465105

(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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KHAN, TARIQ
1151 W 68TH ST
HIALEAH FL 33014**

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 607.0507 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 adoption of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Current Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KAHN, TARIQ
STREET ADDRESS	1151 W 68TH ST
CITY, ST, ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.2 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.2 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.2 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.2 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.2 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.2 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the information included 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 available on dates for the corporation to be in use or freedom empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TARIQ A. Khan

5/1/95

821-3724

Telephone Number