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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000333 (2)

ASIAN ATLANTIC CONNECTION CORPORATION

FILED May 06 1998 8:00am Secretary of State



Principal Place	o of Business	Mailing Address					
'		•					
21415 NORTHWEST 39TH AVENUE OPA LOCKA FL 33055		P.O. BOX 24494 FORT LAUDERDALE FL 33307-4494					
OIN COOKS	C GOO	TOTT ENOUGHDALE	1 L 00001 775	•		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	$\overline{}$
						12/23/1993	- [
	ace of Business	2a, Mailing Address			· 	4. FEI Number 65-0754043 Applied For	ヿ
21 200-	NW-25 STR	26 P.O.Bo	x-244	19	4	NOT APPLICABLE Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8 75 Additional	7
22 4	1	27				5. Certificate of Status Desired Fee Required	
City & State	_	City & State				6. Election Campaign Financing \$5.00 May Be	
23 FT. LA	UDERPALE FL-33311	28 FT · LA	UDEN D	AL	<u> </u>	Trust Fund Contribution Added to Fees	
Zip	Country	Zipi		intry		8. This corporation owes or has paid the current year Intangible	
24 3 33		29 333 07	30 [<u>31</u> 2	OWARD	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Current I	Registered Agent		81		10. Name and Address of New Registered Agent	_
ASIF, KHAN					Name		İ
	15 NORTHWEST 39TH AVENUE	ł			Street Addre	ess (P.O. Box Number is Not Acceptable)	ᅥ
OP/	A LOCKA FL 33055						
				83			\Box
				84	City	85 Zip Code	
				64	City	FL 85 Zip Code	
11. Pursuani t	to the provisions of Sections 607.0502 a	and 607.1508, Florida S	Statutes, the a	bove	-named corpo	oration submits this statement for the purpose of changing its registered	ď
office or re agent. Lar	egistere d agent, or both, in the State of m fami liar with, and accept the obligation	Horida. Such change ons of. Section 607.050	was authorize)5. Elorida Sta	d by tutes	r the corporation	ion's board of directors. I hereby accept the appointment as registered	- 1
_	and the state of t		,				
SIGNATURE	Signature, typed or pointed have of registined agent a	ortitic Papplicable	(NO1E: Registero	d Age	ent signature require	ed when reinstating) DATE	-
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	}
TITLE	D	DELET	E 1.1 TI	TLE		☐ Change ☐ Additio	nc,
NAME	SHARIEFF, SYED A		1.2 N	AME			
STREET ADDRESS	21415 NORTHWEST 39TH AVE	NUE	1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33055		1.4 C	ITY-S	T-2IP		
TITLE	D	DELET	E 217	TLE		Change Additio	on C
NAME	asif, khan		22 N	AME	ĺ		
STREET ADDRESS	200 NORTHWEST 25TH STREET	Γ, APT. 4	2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		2.40	CITY-S	ST - ZIP		- {
TITLE		☐ DELET				☐ Change ☐ Additio	on
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4. 0	ITY-S	ST-2IP		
TITLE	*	DELET				Change Additio	nc
NAME			4 2 N	IAME			1
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP			Ł	ITY-S	- 1		
TITLE		☐ DELET				Change Additio	on
NAME			5.2 N		1	- -	
STREET ADDRESS					ADDRESS		- }
CITY-ST-ZIP				ITY-S			
TITLE		DELÉT				Change Additio	on .
NAME			62 N				- }
STREET ADDRESS			1		ADDRESS		
CITY-\$T-ZIP	adds that the information a marked with	thin tilling dans and man		ITY-S		Costion 110 07/20/i) Florido Statutos I further contifu 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 on an attachment with an address.

SIGNATURE:

ASIF

PRESIDENT 4-28-98-(954) 566-9430