## 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 # P9400006725 (3)

JAVERIA II INTERNATIONAL, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					·	FRATER OLITAF FOR DIS PIRATE A MALERON	
6510 SHERMAN STREET 6510 SHERMAN STREET			ET				
HOLLYWOOD			HOLLYWOOD FL 33024				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/27/1994	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0475439	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del> </del>			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr			8. This corporation owes or has paid the c	
24	[25]	[29] 30 Address of Current Registered Agent			Personal Property Tax due June 30. V Yes No		
1 1		ant Registered Agent		81	Mone	10. Name and Address of New Registered	d Agent
	AH, NASREEN S		81 Name		Name		
	O SHERMAN ST		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)	
HOI	LLYWOOD FL 33024				ļ		
				В3			
				84	City	F	85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the at	 20VB	-named cor	rnoration submits this statement for the nurnose	of changing its registered
agent. Lam	gistered agent, or both, in the Stai n <b>fa</b> miliar with, and accept the obli	te of Floridal Such change was gations of, Section 607.0505,	s autnorizeo Florida Stat	a by utes	the corpora ;	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE _							
	Ignature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		d Ager	nt signature requ	ired when reinstaing) DATE	
12.	OFFICERS A	ND DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	ULLAH, NASREEN S			1.1 TITLE			☐ Change ☐ Addition
ACAS ALICOLANA ATRECT			1.2 NAME				
HOLLWHOOD PL			1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	HOLLIWOOD PL	□ DELETE	1.4 CITY-SI-ZIP		í - ZIP		
TITLE		☐ DELETE	2.1 TITLE		ĺ		Change Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP		T on eve	2. 4 CITY-ST-ZIP		T-ZIP		
TITLE		☐ DELETE					☐ Change ☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS					ADDRESS		ļ
CITY-ST-ZIP		T BELEE	3.4. CI		I-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TiT		1		☐ Change ☐ Addition
NAME			4. 2 NA				Ì
STREET ADDRESS			4.3 STI	REET A	ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CIT		-ZIP		
TITLE			5.1 717				Change Addition
NAME			5.2 NA		j		
STREET ADDRESS			5.3 STI	HEET /	ADDRESS		
CITY-ST-ZIP			5.4 CIT		- ZIP		
TITLE		DELETE					☐ Change ☐ Addition
NAME			6.2 NA	ME		•	
STREET ADDRESS			6.3 STF	REET #	ADDRESS		
CITY-ST-ZIP	· (T. )		64 CIT	Y-\$1	- 21P		
14, i hereby ce	rtify that the information supplied i	with this filing does not qualify	for the exe	mpti	ion stated in	Section 119.07(3)(i), Florida Statutes, I further of	ertify that the information

4. I hereby certify that the information supplied with this Illing 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 trusted 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.

ONLATURE Alexandente miller

4 28-96

(954) 962-9818