

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90194 045 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000044987**

1. Corporation Name  
**LUCKY 7 #1, INC.**



Principal Place of Business  
 18369 NORTHWEST 27 AVENUE  
 MIAMI FL 33055

Mailing Address  
 18369 NORTHWEST 27 AVENUE  
 MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/16/1994**

2. Principal Place of Business  
**800 N.W. 119 ST MIAMI 33054**

2a. Mailing Address  
**16700 N.W. 17th AVE FL 33056 MIAMI**

4. FEI Number  
**65-0498402**

22. Suite, Apt. #, etc.

27. City & State  
**MIAMI**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24. Zip Country

29. Zip Country  
**FL 33056 DADE**

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANA, MOHIQBAL H**  
**16700 NW 17 TH AVE**  
**MIAMI FL 33056**

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 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BANA, MOHIQBAL H</b>	
STREET ADDRESS	<b>800 NW 119 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LAKHANA, MOHAMMED I</b>	
STREET ADDRESS	<b>16700 NW 1715 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SULEMAN, ISMAIL</b>	
STREET ADDRESS	<b>800 NW 119 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOMIN, RAJAB</b>	
STREET ADDRESS	<b>999 NE 167 STREET, #306</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOHD, SYED NOOR</b>	
STREET ADDRESS	<b>999 NE 167 STREET, #306</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mohd Irbal Bana*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

Daytime Phone #

CR2E034 (1/98)