## 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

P94000045290 (1) DOCUMENT #

NOFAL'S MANAGEMENT, INC.

<u> </u>					<b>ir</b> i <b>s</b> ini <b>r</b> 11 <b>6</b> 16 16414 <b>61</b> 17 1 <b>66</b> 7
Principal Plac	ce of Business	Mailing Address			POOT ONGS ARBIO PORA SPIN PORT
9941 SW 4TH STREET		9941 SW 4TH STREET		]	
PLANTATION FL 83324		PLANTATION FL 33324		DO NOT INDITE IN THE	0.004.05
US		US		DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
				06/13/1994	
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		65-0499223	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28	Country	Trust Fund Contribution   8. This corporation owes or has paid the contribution	Added to Fees
24	25	29 3	<del>-</del>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registere	d Agent
HASAN, OSAMAH 81 Name Adolita 1 ( 100					
941 NORTHEAST 19TH AVENUE STE. 301  82 Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33304			C/0	Nosal's MgMt. The	<i></i>
			83 5990	(R) N. ForlopAl Hour	<i>'</i> .
1			84 City	La los I la	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 registere					
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 a	agent and title if applicable. (NOTE: F	<b>a</b> Registered Agent signature requ	ired when reinslating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAHOOK, NOFAL		1.2 NAME		
STREET ADDRESS	9941 SW 4TH STREET	l	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	T DELETE	1.4 CITY - ST - ZIP		The tree
TITLE	VP VALIOUR MINITALIA	DELETE	2.1 TITLE		Change Addition
NAME	KAHOOK, MUNTAHA	l	2.2 NAME		
STREET ADDRESS	9941 SW 4TH STREET PLANTATION FL	)	2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	PLANTATION FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		- October	3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		ţ
CITY-ST-ZIP		l	3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		☐ Change ☐ Addition
NAME	•		4. 2 NAME		
STREET ADDRESS		1	4.3 STREET, ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY+ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Feb 09 1998 8:00am

Secretary of State