

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:26

DOCUMENT # P94000057064 (5)

1. Corporation Name

S.I.H. INC.

Principal Place of Business

13744 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33187

Mailing Address

13744 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33187

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 4191 RAVENWOODS RD.

Suite, Apt. #, etc.

22 City & State

23 FT. LAUDERDALE, FL

24 33312

25 BROWARD

2a. Mailing Address

26 4191 RAVENWOODS RD.

Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FL

29 33312

30 BROWARD

4. FEI Number

65-0511338

Applied For

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

9. Name and Address of Current Registered Agent

LAKHANI, MOHAMMAD I
13744 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33187

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JESSANI, SALIM
STREET ADDRESS 13744 BISCAYNE BLVD
CITY - ST - ZIP NORTH MIAMI BEACH FL 33187

TITLE D
NAME LAKHANI, HAMID
STREET ADDRESS 13744 BISCAYNE BLVD
CITY - ST - ZIP NORTH MIAMI BEACH FL 33187

TITLE D
NAME LAKHANI, MOHAMMAD I
STREET ADDRESS 13744 BISCAYNE BLVD
CITY - ST - ZIP NORTH MIAMI BEACH FL 33187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

6-15-95 305-792-1855

CR2E034 (3/95)