

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060599 (5)**

1. Corporation Name

AZ AHMAD, INC.

Principal Place of Business

Mailing Address

3127 NORTH WEST 69TH COURT
FT. LAUDERDALE FL 33309

3127 NORTH WEST 69TH COURT
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

4. FEI Number

65-0536204

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

2. Principal Place of Business

21 2880 NE 29th Street

2a. Mailing Address

26 2880 NE 29th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip

24 33306

Country

25 USA

Zip

29 33306

Country

30 USA

9. Name and Address of Current Registered Agent

QURESHI, AFZAL AHMED
3127 NORTH WEST 69TH COURT
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Denise Qureshi

82 Street Address (P.O. Box Number is Not Acceptable)

2880 NE 29th Street

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33306

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

Denise Qureshi

Denise Qureshi President

4-28-95

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: QURESHI, AFZAL AHMED
STREET ADDRESS: 3127 NORTH WEST 69TH COURT
CITY-ST-ZIP: FT. LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D, P Change Addition
1.2 NAME: Denise Qureshi
1.3 STREET ADDRESS: 2880 NE 29th Street
1.4 CITY-ST-ZIP: Ft. Lauderdale FL 33306

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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:

Denise Qureshi Denise Qureshi

4-28-95

305-537-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #