

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

**FILED**  
**Mar 19, 1999 8:00 am**  
**Secretary of State**

03-19-1999 90010 047 \*\*\*\*\*8.75

03-19-1999 90010 048 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000060599**

1. Corporation Name  
**AZ AHMAD, INC.**

Principal Place of Business

3101 N. FEDERAL HWY  
SUITE 504  
FT LAUDERDALE FL 33306  
US

Mailing Address

3101 N. FEDERAL HWY  
SUITE 504  
FT. LAUDERDALE FL 33306  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/12/1994**

4. FEI Number

**65-0536204**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒

Yes

☐ No

2. Principal Place of Business

21 **6221 W. Atlantic Blvd**

Suite, Apt. #, etc.

City & State

23 **Margate, FL**

Zip

24 **33063**

Country

25

2a. Mailing Address

26 **6221 W Atlantic Blvd**

Suite, Apt. #, etc.

City & State

28 **Margate, FL**

Zip

29 **33063**

Country

30

9. Name and Address of Current Registered Agent

**QURESHI, DENISE**  
3101 N. FEDERAL HWY  
SUITE 504  
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

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

**6221 W. Atlantic Blvd.**

83

84 **Margate**

**FL**

85 Zip Code  
**33063**

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**

**1/26/99**

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	<b>DPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>QURESHI, DENISE</b>	
STREET ADDRESS	<b>2880 NE 29TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33306</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6221 W. Atlantic Blvd.</b>
1.4 CITY-ST-ZIP	<b>Margate, FL 33063</b>

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Denise Qureshi**

Date

**1/26/99 954-977-9728**

Daytime Phone #

CR2E034 (11/98)

0174660