

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

0174660

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6221 W. Atlantic Blvd</b>	2a. Mailing Address 26 <b>6221 W Atlantic Blvd</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Margate, FL</b>	City & State 28 <b>Margate, FL</b>
Zip 24 <b>33063</b>	Zip 29 <b>33063</b>
Country 25	Country 30

3. Date Incorporated or Qualified <b>08/12/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0536204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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)	<b>6221 W. Atlantic Blvd.</b>
83	
84 City	<b>Margate</b>
85 State	<b>FL</b>
86 Zip Code	<b>33063</b>

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 DATE 1/26/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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: Denise Qureshi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/26/99 DAYTIME PHONE #: 954-977-9728

CR2E034 (1/1/98)