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

DOCUMENT # P9400065329 (2)

S A F INVESTMENT #787, INC.

FILED May 11 1998 8:00am Secretary of State

					AITAL ONES INUS ITALI PALLIFET
Principal Plac	e of Business	Mailing Address			8//8/ 0/100 //1// //8/8 /0// 108
1701 SW 12TH AVE 1701 SW 12TH AVE					
BOCA RATON FL 33486 BOCA RATON FL 33486		:	DO NOT WRITE IN TH	IIC CDACE	
				3. Date Incorporated or Qualified	IS STACE
1				08/31/1994	
2. Principal P	lace of Business	2a. Mailing Address	· 	4. FEI Number	Applied For
21		26		65-0540261	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Register	ed Agent
JAFERI, ALI M					·
1701 SW 12TH AVE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486			<u> </u>		
•			83		
			84 City		85 Zip Code
44 5		FOR 007 4500 Ft			L 89 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	Stgnature, typed or printed name of registered a	Alors and title departments and the board	TF: Registered Agent signature requ	ired when reinstating) DATI	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	JAFER, ALI M		1.2 NAME		
STREET ADDRESS	1701 SW 12TH AVE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY - ST - ZIP		
TITLE	S	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRY, SHAHID		22 NAME		
STREET ADDRESS	1701 SW 12TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486	Delete	2.4 CITY - ST - ZIP		Change Addition
TITLE	OUTTA FOATULA	☐ DELETE	3.1 TITLE		Change Addition
NAME CTOSET ADDRESS	GUTTA, FRANK A		3.2 NAME		Į
STREET ADDRESS	1701 SW 12TH AVE BOCA RATON FL 33486		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DUCK TRIVIT PL 33460	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		ļ
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME]
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	15		62 NAME		
STREET ADDRESS			63 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 supplimental 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 trusted 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:

My Soll anni

AD Talen

4/29.58

561-3929450