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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400069909 (7)

S.U.S. INVESTMENTS #786, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1701 S.W. 12TH AVENUE 1701 S.W. 12TH AVENUE **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65:0525532 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 JAFERI. ALI M 1701 S.W. 12TH AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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 tille diapplicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE DP 1.1 TITLE NAME Jaferi. Ali M 1.2 NAME STREET ADDRESS 1701 S.W. 12TH AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME RAZA, SYED M 22 NAME STREET ADDRESS 1701 SW 12TH AVE. 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** 2.4 CITY-ST-ZIP DELETE ___ Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-SY-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 enviowered 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 all achiment with an address.

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