Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069909

1. Corporation Name

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City & State

S.U.S. INVESTMENTS #786,	INC.
Principal Place of Business	Mailing Address
1701 S.W. 12TH AVENUE BOCA RATON FL 33486	1701 S.W. 12TH AVENUE BOCA RATON FL 33486
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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Zip

City & State

29 25 9. Name and Address of Current Registered Agent

Country

JAFE	ri, Ai	J M	
1701	S.W.	12TH	AVENUE
BOC/	A RAT	ON F	L 33486

May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 025 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

09/20/1994 4. FEI Number

65-0525532

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

			84	City			FL 85 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CH	ANGES TO OFFICER	S AND DIRECTO	ORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			•	☐ Change	Addition		
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						
TITLE	DS	☐ DELETE	2.1 TITLE				☐ Change	Addition		
NAME	RAZA, SYED M		2.2 NAME							
STREET ADDRESS	1701 SW 12TH AVE.		2.3 STREET	ADDRESS				ĺ		
CITY-ST-ZIP	BOCA RATON FL 33486	•	2.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition		
NAME			3.2 NAME			•	•	}		
STREET ADDRESS			3.3 STREET	ADDRESS				}		
CITY-ST-ZIP			3.4. CITY-S	r-zip	_					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition		
NAME			4.2 NAME			•				
STREET ADDRESS		+	4.3 STREET	ADDRESS						
CITY-ST-ZIP	•		4.4 CITY-ST	-ZIP			·			
TITLE		☐ DELETE	5.1 TITLE			•	☐ Change			
NAME			5.2 NAME							
STREET ADDRESS		, ,	5.3 STREET	ADDRESS	•					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP						
πιε		DELETE	6.1 TITLE	T -	·		☐ Change	Addition		
NAME	,		6.2 NAME			•	į			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.3 STREET	ADDRESS			•	,		
CITY-ST-ZIP			6.4 CITY-\$1							
14. I hereby t	certify that the information supplied with this filing doc	s not qualify for the	e exempti	on stated in Se	ection 119.07(3)(i), F	lorida Statutes. I furthe	r certify that the i	information		

Country

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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 ar 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 33 if changed, or on an attachment with an address, with all other like empowered.