

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078228 (1)

1. Corporation Name

A.J.'S ONE, INC.



Principal Place of Business

3831 W VINE STREET, SUITE 66
KISSIMMEE FL 34241
US

Mailing Address

3831 W VINE ST.
SUITE 66
KISSIMMEE FL 34741
US

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3275128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFEEZ, KHALID
6802 WILKOW DRIVE #L-303
ORLANDO FL 32821

81 Name
AMIN NAZARALI

82 Street Address (P.O. Box Number is Not Acceptable)
3515 ST. KITTS CT #2102

83

84 City
KISSIMMEE

FL

85 Zip Code
34741

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 of and/or printed name of registered agent and title if applicable.

AMIN NAZARALI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME HAFEEZ, KHALID
STREET ADDRESS 6802 WILKOW DRIVE #L-303
CITY-ST-ZIP ORLANDO FL 32821

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME NAZARALI, AMIN
STREET ADDRESS 3502 CAYMAN COURT, APT 2907
CITY-ST-ZIP KISSIMMEE FL 34741

2.1 TITLE DIRECTOR, PRESIDENT ☒ Change ☐ Addition
2.2 NAME NAZARALI, AMIN
2.3 STREET ADDRESS 3515 ST. KITTS CT. #2102
2.4 CITY-ST-ZIP KISSIMMEE, FL. 34741

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMIN NAZARALI

Date

Daytime Phone #

4/20/96 407-933-4170

CR2E034 (12/95)