

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 MAY -1 AM 10:27

TALLAHASSEE, FLORIDA

DOCUMENT # P94000082116 (2)

1. Corporation Name

BISMILLAH SALES & SERVICES, INCORPORATED

Principal Place of Business

8934 NW 117TH TER
HIALEAH GARDENS FL 33016

Mailing Address

8934 NW 117TH TER
HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report

2. Principal Place of Business

**28 SE 1 AVE
MIAMI, FLORIDA**

2a. Mailing Address

28 SE 1 AVE

4. FEI Number

65-0534688

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

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

83

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 in printed name of registered agent and then a signature)

(Signature typed in printed name of registered agent and then a signature)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SALEEM, MOHAMMAD**
STREET ADDRESS **% 8934 NW 117TH TER**
CITY, ST, ZIP **HIALEAH GARDENS FL 33016**

TITLE **REHANA SALEEM**
NAME **8934 NW 117 TR**
STREET ADDRESS **HIALEAH GARDENS, FL 33016**
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIVES/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT.** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

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 does not qualify for the exemption stated in Section 110.07(3)(b), 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 it made under oath, that I am an officer or director of the corporation or the registered agent 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 4

Sal **PRESIDENT**

4-19-95

305-358-6629