**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90064 024 \*\*\*150.00

## 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 # **P94000082116**

BISMILLAH SALES & SERVICES, INCORPORATED

DIOMILLA	IN SALES & SENVICES, II	100th Olwitzs				
Principal Place	of Business	Mailing Address			1 12011441 (10 1011 2121 0011 0011 0011	
TIME CONNECTION		TIME CONNECTION 28 SE 1ST AVE.				-
28 SE 1ST AVE.					DO NOT WRITE IN THIS SPACE	
MIAMI FL 33131		MIAMI FL 33131			3. Date Incorporated or Qualifed	
US .		U\$ .			11/08/1994	
		B. Mailing Addross			4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		65-0534688	Not Applicable	
21		Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required	
22		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year	r Intangible	
Zìp .	25	`	30		Personal Property Tax.	∐ Yes ∦ ∐ No
24	9. Name and Address of Curre	120			10. Name and Address of New Registe	red Agent il
<del></del>	A. Hallis And London C. Ann.		8	1 Name		1 1
SALE	EEM, MOHAMMAD		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
28 S.E. 1ST AVENUE			"	0007.001		10 1 10 10 10 10 10 10 10 10 10 10 10 10
MIAMI FL 33131			8	3		<b>《八经》</b> 《新疆数据》
			-	4 City	The state of the s	85 Zip Code
			I -	1 - /	oration submits this statement for the purpo on's board of directors. I hereby accept the	<u> </u>
agent. I a	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Ag	ent signature require	oration submits this statement for the purpoon's board of directors. I hereby accept the and the statement of the purpoon of the statement of the purpoon of the statement of the purpoon	E
12.	OFFICERS	AND DIRECTORS	13.	.——		Change Addition
TITLE	P	☐ DELETE	1.1 TITLE	1	and the state of	
NAME .	AHMED MURAD, RIAZ		1.2 NAM			A
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055	C priett	1.4 CITY			Change Addition
TITLE		☐ DELETE	2.1 TITL	ì	•	
NAME			2.2 NAM			1
STREET ADDRESS	;			EET ADDRESS		
CITY-ST-ZIP		Cl pci crc	2.4 CIT	/-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE		· .		— — — — — — — — — — — — — — — — — — —
NAME :			3.2 NAM			الله الله الله الله الله الله الله الله
STREET ADDRESS	<b>i</b>			EET ADDRESS	ر از	
CITY-ST-ZIP		□ DELETE	4,1 TITL	Y-ST-ZIP		Change Addition
TITLE						
NAME			4, 2 NA			
STREET ADDRESS	s			EET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CIT	(-ST-ZIP		
TITLE		□ DELETE	C 4 TIT1	_		☐ Change ☐ Addition
) ""LE		☐ DELETE	5.1 TITL 5.2 NAM	I		☐ Change ☐ Addition
NAME		DELETE	5.2 NA	AE		Change Addition
1	\$	☐ DELETE	5.2 NAM 5.3 STF	ME REET ADDRESS		☐ Change ☐ Addition
NAME	s		5.2 NAM 5.3 STF 5.4 CIT	ME REET ADDRESS Y-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
NAME STREET ADDRESS	6	DELETE	5.2 NAM 5.3 STF 5.4 CIT 6.1 TITE	ME REET ADDRESS Y-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	s		5.2 NAM 5.3 STF 5.4 CIT 6.1 TITS 6.2 NAM	AE REET ADDRESS Y- ST- ZIP LE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAM 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAM 6.3 STF	ME REET ADDRESS Y-ST-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 emplowered 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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR