FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085963 (4)

1. Corporation Name
ISTIAQUE FOOD, INC.

Principal Place of Business
900 NE 14TH ST APT 24
FT LAUDERDALE FL 33304

Mailing Address
900 NE 14TH ST APT 24
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business: 17632 Colling AVE	2a. Mailing Address: 15200 CARTER RD
Suite, Apt. #, etc: MIAMI BEACH, FL	Suite, Apt. #, etc: B-11
City & State:	City & State: DELRAY BEACH, FL
Zip: 33160 Country: DADE	Zip: 33448 Country: W.P.B

4. FEI Number: 65-0536790 ☐ 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
ILIAS, MOHAMMED
900 NE 14TH ST APT 24
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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: Mohammed Ilias. DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	V/P ☐ Change ☒ Addition
NAME	ILIAS, MOHAMMED	NAME	NILUFA AKTHER
STREET ADDRESS	900 NE 14TH ST APT 24	STREET ADDRESS	281, FORSYTH St
CITY ST ZIP	FT LAUDERDALE FL 33304	CITY ST ZIP	Boca Raton. FL-33487
TITLE	DVST	TITLE	☐ Change ☐ Addition
NAME	AKTHER, SHAHIDA	NAME	
STREET ADDRESS	900 NE 14TH ST APT 24	STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33304	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	☐ Change ☐ Addition
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CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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 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: Mohammed Ilias.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/95 Daytime Phone #: 407 495-2775

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