

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 20 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085963**

1. Corporation Name

ISTIAQUE FOOD, INC

Principal Place of Business

Mailing Address

**17632 Collings Ave
MIAMI BEACH, FL-33160**

3. Date Incorporated or Qualified

11-28-1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

17632 Collings Ave

Suite, Apt. #, etc.

27

City & State

28

MIAMI BEACH, FLORIDA

29

33160

Country

30

Dade

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

10. Name and Address of New Registered Agent

81 Name

NILUFA AKTHER

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

18338 Fresh Lake Way

83

84 City

BOCA RATON

FL

85 Zip Code

33498

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

NILUFA AKTHER

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
PRESIDENT
1.2 NAME
MOHAMMED ILIAS
1.3 STREET ADDRESS
2385 NE 173 ST APT 208
1.4 CITY-ST-ZIP
N. MIAMI BEACH, FL-33160

2.1 TITLE ☐ Change ☒ Addition
VICE PRESIDENT
2.2 NAME
FATIMA NAHID
2.3 STREET ADDRESS
12693 Torbay Drive
2.4 CITY-ST-ZIP
BOCA RATON, FL 33428

3.1 TITLE ☒ Change ☐ Addition
SECRETARY
3.2 NAME
NILUFA AKTHER
3.3 STREET ADDRESS
18338 FRESH LAKE WAY
3.4 CITY-ST-ZIP
BOCA RATON, FL-33498

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
900002220809--5
-05/24/97--01008--011

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
******165.00 ****165.00**

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 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 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

4-28-97

DATE

305-933-3835

DAYTIME PHONE #

CR2E034 (9/96)