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 APR 27 PM 7:09

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091279 (7)**

1. Corporate Name

ARAAS STREET VENDOR, INC.

Principal Place of Business
791 VIOLET STREET
TALLAHASSEE FL 32308

Mailing Address
791 VIOLET STREET
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**

3a. Date of Last Report

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. Does corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAKIR, ZAHEERAH
791 VIOLET STREET
TALLAHASSEE FL 32308

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: [illegible] Registered Agent signature required if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Alonzo A. Safeeullah
STREET ADDRESS	3698 Robindale Court
CITY ST ZIP	Decatur, Georgia 30034
TITLE	CEO
NAME	ZAHEERAH SHAKIR
STREET ADDRESS	791 Violet Street
CITY ST ZIP	Tallahassee, FL 32308
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. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	600001463236 ☐ Change
22 NAME	-05/01/95--01051--025
23 STREET ADDRESS	****200.00 ****200.00
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

4/27

14. I do hereby certify that the information supplied with this filing, and accompanying 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 is added in an attachment with an asterisk.

SIGNATURE: Zaheerah Shakir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (904) 487-7106
DATE PHONE

0004458 FN