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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091427 (2)

FILED May 18 1998 8:00am Secretary of State

AHMAD SUBS II, INC. Principal Place of Business Mailing Address 5547 W. 27 AVE. 5547 W. 27 AVE. HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0540649 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AHMAD, SYED 5547 W. 27 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 В3 City 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, typed or provide name of registered agent and talle if applicable AHWAP tered Agent signature requ 4/20/98 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE AHMAD, SYED NAME 1.2 NAME NAVEED ANJUM **55**47 W. 27 AVE. STREET ADDRESS 1.3 STREET ADDRESS 750/ GLO YOLL SE HIALEAH FL 33016 CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAM) PL-33155 Addition DELETE Change TITLE 2.1 TIPLE NAME 2.2 NAME MUHAMMAD A. MULIL. 7501 Sw . 40K st STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP MIAW', PL. 33155 ☐ DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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.

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