

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 # P95000005774

1. Corporation Name

ALI BABA FASHIONS INC.



Principal Place of Business

212 N.E. 1ST STREET
MIAMI FL 33131

Mailing Address

212 N.E. 1ST STREET
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

65-0551601

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SALAM, NIZARA
3527 N.E. 168TH STREET
NORTH MIAMI BEACH FL 33160

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PDST	ALI ABDKULSALAM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3527 NE 168 ST. APT 304			
N. MIAMI BCH FL			
<input type="checkbox"/> DELETE			
TITLE	NAME	2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			
TITLE	NAME	3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			
TITLE	NAME	6.3 TITLE	6.4 NAME
STREET ADDRESS			
CITY-STATE-ZIP			
<input type="checkbox"/> DELETE			

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)