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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SALEEI	M ENTERPRISES OF BROV	VARD, INC. Mailing Address)		
8061 W. OAKLAND PARK BLVD. SUNRISE FL 33351		8081 W. OAKLAND PA	RK BLVD.	5	
		SUNRISE FL 33351		DO HOT HADITE IN THE SPACE	
US		US		DO NOT WRITE IN THIS	3 SPACE
				 Date Incorporated or Qualified 02/09/1995 	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		65-0555341	Not Applicable
22	#, G IO.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	i, sallem m		81 Name	•	
7855 N.W. 12TH ST.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
#208					
MIAMI FL 33128			83		
			84 City	F	85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 507 (3%) registered agent, or both, in the State im familiar with, and accept the oblig Signature, broad or printed harve of registered ag		utes, the above-named c s authorized by the corpo Florida Statutes. Ott: Registered Agent signature ro	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose reinstating.	of changing its registered pointment as registered
12. '^		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALI, SALEEM M		1.2 NAME		
STREET ADDRESS	7855 N.W. 12TH ST. #106		1.3 STREET ADDRESS	**	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY - ST - ZIP		
TITLE	TD	☐ DEL ete	2.1 TITLE		☐ Change ☐ Addition
NAME	ALI, BARKAT		2.2 NAME		i
STREET ADDRESS	7855 N.W. 12TH ST. #106		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	3.1 TITLE		L Change L Addition
NAME			3 2 NAME	•	
STREET ADDRESS	}		33 STREET ADDRESS		
CITY-ST-ZIP		T out	3.4. CITY - ST - ZIP		Ohanga T Addition
TITLE		L_I DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME SIDEET ADDRESS			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		C Auturge C FOOMION
STREET ADDRESS					
CITY-ST-ZIP			5.3 STREET ADDRESS		}
TITLE		DELETE	5,4 GITY-ST-ZIP 6,1 TITLE		Change Addition
NAME			6.2 NAME		

14. Thereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustne 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

VD

4-25-98

FILED

May 05 1998 8:00am

Secretary of State