

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 AUG -5 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P95000028748 (8)**

1. Corporation Name  
**TARIQ, INC.**

Principal Place of Business  
**790 NW 1ST STREET  
DANIA FL 33004**

Mailing Address  
**790 NW 1ST STREET  
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/07/1995</b>   | 3a. Date of Last Report<br><b>01/24/1996</b>           |
| 4. FEI Number<br><b>65-0567779</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

**9. Name and Address of Current Registered Agent**

**ABAU, AL-QADER-ISMAI  
790 NW 1ST STREET  
DANIA FL 33004**

**10. Name and Address of New Registered Agent**

|  |                            |
|--|----------------------------|
| 81 Name  | <b>700002263697--4</b>     |
| 82 Street Address (P.O. Box Number is <del>01144-008</del> ) | <b>01144-008</b>           |
| 83   | <b>***165.00 ***165.00</b> |
| 84 City  | <b>FL</b>                  |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>ABAU, AL-QADER-ISMAI</b> |                                 |
| STREET ADDRESS | <b>790 NW 1ST STREET</b>    |                                 |
| CITY-ST-ZIP    | <b>DANIA FL</b>             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

*Handwritten signature and date: 8-8-97*

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.

*Handwritten signature and date: 7-20-97 (54)742-3112*

CR2E034 (4/97)

July 30, 1997

To whom it may concern: ②

From: Abdul Al-Rader Ismail  
Tariq Inc.  
790 NW 1st St.  
Dania, FL 33004

This letter is to confirm my telephone call with Mrs. Tammy at (904) 487-6051.

- As I mentioned on the phone I never received the first notice, I only received the second notice with the penalty. Please accept the attached check of \$165.00 as a fee for my corporation.

Again I appreciate your advice and help on the phone and I promise you, this will not happen again.

If you have any further question, or you need to discuss any matter with me, please do not ~~hesitate~~ hesitate to call me at store # (954) 927-0444 or home # (954) 742-3117, or write me at my above address.

Thank you

Abdul Ismail