Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90112 024 ***150.00

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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000030881

1. Corporation Name

I ALA JE	WELHT, INC.					
Principal Place	of Rusiness	Mailing Address			ING TITEL ORYON LATER A	6163 1161 1881
36 NE 1ST ST	,	36 NE 1ST ST		·		
7.0 00.0000		110 SEYBOLD BLDG		DO NOT WRITE IN TH	IIS SPACE	
MIAMI FL 33132 MIAMI FL US US		MIAMI FL 33132		3. Date Incorporated or Qualifed		
03		00		04/17/1995		ļ
2 Principal D	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
<u> </u>	ace of business	26		65-0576539	<u> </u>	Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 A	
22 Suite, Apr.	#, GIG.	27		5. Certificate of Status Desired	Fee Rec	uired
City & State	e	City & State		6. Election Campaign Financing	\$5.00 h	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		-7.1.
24	25		30	Personal Property Tax.		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			81 Name			
SOLEYMANI, MOHAMMAD A			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	. <u>-</u> ,	
401 BISCAYNE BLVD.						
#N119, NORTH			83			
MIAMI FL			84 City	<u>_</u>	. 85 Zip C	ode
			i I	F	LII	. ,
ì	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligation.	2 and 607.1508, Florida Statute of Florida. Such change was autions of, Section 607.0505, Flor	s, the above-named corp thorized by the corporation da Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	if and title if applicable. (NOTE:	Registered Agent signature require			
12.	. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SOLEYMANI, MOHAMMAD A		1.2 NAME			
STREET ADDRESS	5850 S.W. 100TH TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	SOLEYMANI, MAHIN S		2.2 NAME			
STREET ADDRESS	5850 S.W. 100TH TERRACE		2.3 STREET ADDRESS			:
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME .	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP						
I man e			3.4. CITY-ST-ZIP		C) C	T Addiso-
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
NAME		☐ DELETE			Change	☐ Addition
		☐ DÉLETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

Addition