

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000031010

1. Corporation Name  
SIRAJ-AMIN, INC.

Principal Place of Business  
1541 SOUTH CONGRESS AVE.  
DELRAY BEACH FL

Mailing Address  
1541 SOUTH CONGRESS AVE.  
DELRAY BEACH FL

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90148 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0576150	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PIRMOHAMMED, SIRAJ  
1541 SOUTH CONGRESS AVE.  
DELRAY BEACH FL

10. Name and Address of New Registered Agent

81 Name AMIN B KAZANI  
82 Street Address (P.O. Box Number is Not Acceptable)  
2450 N.W 49 TERR  
83  
84 City COCONUT CREEK FL 85 Zip Code 33063

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]* - PRESIDENT DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUNTRON, M PUNJWANI MALIKA	1.2 NAME	AMIN B KAZANI
STREET ADDRESS	1541 S CONGRESS AVE	1.3 STREET ADDRESS	2450 N.W 49 TERR
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	MALIKA PUNJWANI PUNJWANI
STREET ADDRESS		2.3 STREET ADDRESS	2450 N.W 49 TERR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Signature]* AMIN B KAZANI 4/28/99 (561) 276-4746

CR2E034 (11/98)