

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036397 (4)

1. Corporation Name

WISAL ENTERPRISES, INC.



Principal Place of Business

4749 WEST IRLO-BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746

Mailing Address

4749 WEST IRLO-BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MICHAEL D. SONNENSCHIN, P.A.
228 HILLCREST STREET
ORLANDO FL 32801

3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

4. FEI Number

69-3313117

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name

AZFAZ H. SYED, C.P.A.

82

Street Address (P.O. Box Number is Not Acceptable)

423 W. VINE STREET

83

84

City

KISSIMMEE

FL

85

Zip Code

34741

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

Azfar H. Syed

AZFAZ H. SYED, C.P.A.

APRIL 30, 1996

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

(NOTE: Registered Agent's signature must be in black ink)

DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DIRECTOR & PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12. NAME	NASIR SIDDIQUI		
13. STREET ADDRESS	4749 W. IRLO BRONSON HWY		
14. CITY - ST - ZIP	KISSIMMEE, FL. 34746		
2. TITLE	DIRECTOR & VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22. NAME	DEEBA YASMIN		
23. STREET ADDRESS	4749 W. IRLO BRONSON HWY		
24. CITY - ST - ZIP	KISSIMMEE, FL. 34746		
3. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
4. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nasir Siddiqui

NASIR SIDDIQUI

4/30/96

407-396-0585

(Type)

Display Phone #

CR2E034 (12/95)