

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P95000037457 (5)

1. Corporation Name:  
NAZAR ENTERPRISES, INC.



Principal Place of Business

20805 N.E. 8TH COURT  
#102 BLDG 36  
NORTH MIAMI FL 33179

Mailing Address

20805 N.E. 8TH COURT  
#102 BLDG 36  
NORTH MIAMI FL 33179-1231

3. Date Incorporated or Qualified  
05/11/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2781 DAVIE BLVD

2a. Mailing Address

26 SAME AS #22

Suite, Apt. #, etc.

22 2781 DAVIE BLVD

Suite, Apt. #, etc.

27

City & State

23 FT LAUDERDALE/FL

City & State

28

Zip

24 33312

Country

25 BROWARD

Zip

29

Country

30

4. FEI Number

65-0584739

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

9. Name and Address of Current Registered Agent

BHIMANI, ABDUL R  
20805 N.E. 8TH COURT  
#102 BLDG 36  
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDIT

NAME BHIMANI, ABDUL R  
STREET ADDRESS 20805 N.E. 8TH CT #102 BLDG 36  
CITY - ST - ZIP NORTH MIAMI FL 33179

TITLE SVD

NAME BHIMANI, HAMIDA R  
STREET ADDRESS 20805 N.E. 8TH CT #102 BLDG 36  
CITY - ST - ZIP NORTH MIAMI FL 33179

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

000002189160  
-05/23/97--01004--039  
\*\*\*165.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)