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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041726 (7)

SYED ENTERPRISES CORPORATION

Principal Place of Business Mailing Address 14011 SW 90TH AVE. 9720 SW 168TH ST. MIAMI FL 33157 #D202 MIAMI FL 33176-7135 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 65-0587811 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has hability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION CERMOE COMPANY 81 Name GERMAN PENA, P.A. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
9010 S.W. 137th Ave 82 TALLAHAGGEE TE-0230 83 Suite 113 84 City Zip Code MIAMI 33186 s 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered a jent, or agent. I am familiar will, and Section both, in **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, lyped 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 🔲 DELETE Charige Addition 1.1 100 TITLE SYED, GHULAM NAME 1.2 NAME 899 W AVE APT 5D 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CHTY - \$1 - ZIP DELETE Change Addition 2.1 TITLE TITLE SYED. ANITA NAME 2.2 NAME 899 W AVE APT 5DS STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2. 4 CITY-\$1-ZIP DELETE Change Addition TITLE 3.1 TH (F 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 3.4. CHY-S1-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIF DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY - \$1 - ZIP CITY-ST-ZIF DELETE ☐ Change Addition TITLE 6.1 TITLE NAME G 2 NAME STREET ADDRESS 63 STHEET AUDRESS

64 CHY-ST-ZIP

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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the

SYED GHULAM 4/30/97