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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

81

82

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DCUMENT # P95000046407

ncipal Place of Business

KHAN, PERVEZ

HIALEAH FL 33012

te, Apt. #, etc.

& State

TH STREET ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

1840 WEST 49TH STREET STE 226

ipal Place of Business Mailing Address VEST 49TH STREET STE 226 1840 WEST 49TH STREET STE 226 AH FL 33012 HIALEAH FL 33012

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Zip

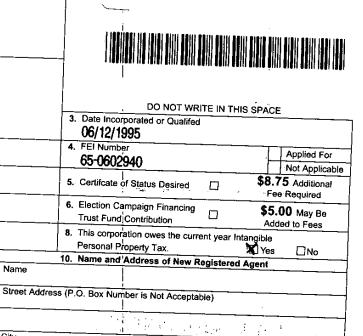
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90118 047 ***150.00



			[G4] City	- 1			
suan	nt to the provisions of Sections 607.0502 and 607.1508, registered agent, or both, in the State of Florida. Such am familiar with, and accept the obligations of, Section	Elorida Ctatut					p Code
ce or nt. J	registered agent, or both, in the State of Florida. Such am familiar with, and accept the obligations of, Section	change was a	es, the above-named corp uthorized by the corporation	oration submits this sta	tement for the purpo	se of changing	its registered
URE		607.0505, Flor	rida Statutes.	on a board or directors.	I hereby accept the	appointment as	registered
	Signature, typed or printed name of registered agent and title if applicable.	_		1			
	OFFICERS AND DIRECTORS	(NOTE:	Registered Agent signature required 13.	d when reinstating)		rF	
RESS		□ DELETE		ADDITIONS/CHA	NGES TO OFFICER		ODC IN 40
	KHAN, PERVEZ	L DECE IE	1.1 TITLE	1		☐ Change	
	13222 SW 52ND TERRACE		1.2 NAME			undinge	
	MIAMI FL 33175		1.3 STREET ADDRESS				
RESS	<u>n</u>		1.4 CITY-ST-ZIP				
	SHAH, SYED	DELETE	2.1 TITLE		 		
	manuscommon		2.2 NAME	·		. Change	☐ Addition
	HIALEAH FL 33012		2.3 STREET ADDRESS	1			
	D =		2.4 CITY-ST-ZIP	!			
RESS		DELETE	3.1 TITLE				
	AWAN, RAUF		3.2 NAME			Change	☐ Addition
	THE STATE OF THE CALLED CALLED		3.3 STREET ADDRESS	•			
	MIAMI FL 33175		3.4. CITY-ST-ZIP				
ESS		DELETE	4.1 TITLE				
			4. 2 NAME	ļ		☐ Change	☐ Addition
			4.3 STREET ADDRESS				
			4.4 CITY-ST-ZIP	•			j
ESS		DELETE	5.1 TITLE				,
			5.2 NAME			☐ Change	☐ Addition
			5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
SS		DELETE	6.1 TITLE				j
			6.2 NAME			☐ Change	Addition
		ŀ	6.3 STREET ADDRESS				
y cer	tify that the information supplied with this filing does not	qualify for the	6.4 CITY-ST-ZIP				
Ju Off	uns annual report or supplemental annual	domina ioi file	: exemption stated in Sect	ion 110 07/21/21 Et			

or 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 the information 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR

315-823-1571