

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000058331 (6)**

1. Corporation Name

**ONE STEP CORPORATION**



Principal Place of Business

**11800 S.W. 26TH COURT  
FT. LAUDERDALE FL 33330**

Mailing Address

**11800 S.W. 26TH COURT  
FT. LAUDERDALE FL 33330**

3. Date Incorporated or Qualified

**07/28/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 7890 N. W. 52 St.**

2a. Mailing Address

**26 7890 N. W. 52 Street**

4. FEI Number

**65-0600791**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Miami, Florida**

**28 Miami, Florida**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

**24 33166**

**25 Dade**

Zip

Country

**29 33166**

**30 Dade**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASEER, AHMAD  
11800 S.W. 26TH COURT  
FT. LAUDERDALE FL 33330**

81 Name

**Samia Ahmad**

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

**130 N. W. 189th Street**

83

84 City

**Pembroke Pines**

**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

*Samia Ahmad*

(NOTE: Registered Agent signature required when reinstating)

**4/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE  
NAME **AHMAD, NASEER**  
STREET ADDRESS **11800 S.W. 26TH COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33330**

TITLE **V** ☐ DELETE  
NAME **AHMAD, NASEER**  
STREET ADDRESS **11800 S.W. 26TH COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33330**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**DPST**

☒ Change: ☐ Addition

**Samia Ahmad  
130 N. W. 189th Street**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**Pembroke Pines, Fl.** ☒ Change: ☐ Addition

**President  
Samia Ahmad  
130 N. W. 189th Street**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**Pembroke Pines, Fl.** ☐ Change: ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change: ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change: ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change: ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96** (305) 593-9115

CR2E034 (12/95)