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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060463 (3)

MIAH'S AMOCO # 1, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				(160)(60)	I FOLDI OLILI ODALI VOLEL I	IO(4) 40 410 0410	44(I) B)B)Q B	4100 (1)44 1004
1737 INDIAN ROCK RD 1737 INDIAN ROCK RD LARGO FL 34644 LARGO FL 34644						DO NOT WRITE IN THIS SPACE				
					 	3. Date Incorp	orated or Qualified			- · <u></u>
·					1	08/04/19	95			
2, Principal Place of Business 2a, Mailing Address						4. FEI Number	59-333	4015	A	pplied For
21 26							J.1 J.J.	1013		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5, Certificate o	f Status Desired			Additional Required
27			· <u></u>							
23 28						Trust Fund (npaign Financing Contribution			May Be to Fees
Zip	Country Zip		Count	Country			ition owes or has p			
24	252930		30						□ No	
	g. Name and Address of Curren	t Registered Agent				0. Name and /	Address of New R	legistered A	lgent	
AK'	TNER, NILUFA		8	1 Name	Mah	AMMED	DINAT KHI	AN		
18338 FRESH LAKE WAY			8	2 Street			ber is Not Accepta			·
BOCA KATON FL 33498			L	183	38	Fresh	lake wa	7		
,			8	Buc	co	Raton				
			8	4 City		1411411		<u></u>	85 Zip	Code
								<u>FL</u>	1 33	3498
11. Pursuant i office or re	to the provisions of Sections 607.0502 egist red agent, or both, in the State n Lahiliar with, and accepyth): obliga	2 and 607.1508, Horida Statut of Florida. Such change was a	es, the abo authorized	ve-named by the cor	d corporat rporation's	tion submits this s board of direc	s statement for the itors. I hereby acc	purpose of ept the appo	changing pintment a	its registered s registered
agent. I a	nCahiliar with, and accepyth): obliga	itions of, Section 607.0505, Flo L. 🖊	orida Statut	es.			-			
SIGNATURE	Signature, typod or printed name of registered agree	ot and this of stroke while (NOT)	- Hanielaren A	nent sinnetur	e required ut	nen reinstating)		DATE		
12.	OFFICERS AND		13.	gent signatur	E required wi		HANGES TO OFF		DIRECTO	RS IN 12
TITLE	Р	DELETE	1.1 TITLE						Change	Addition
NAME	AHMED, JALAL		1.2 NAM	E	1					Ì
STREET ADDRESS	% 1737 INDIAN ROCK ROAD		1.3 STRE	et address						
CITY-ST-ZIP	LARGO FL 34644		1.4 CITY	-ST-ZIP						
TITLE	V	Z DELETE	2.1 TITLE			Preside			☐ Change	Addition
NAME	akther, Nilufa		2.2 NAME		MOH	AWMED D	INAS KHAN)		
STREET ADDRESS	18338 FRESH LAKE WAY		2.3 STRE	ET ADDRESS			Lake wa			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY		BOCA	x Katon,	FL-334		—	
TITLE	\$ ************************************	DELETE	3.1 T(TL8		1				Change	☐ Addition
NAME	NAHID, FATIMA		3.2 NAM							
STREET ADDRESS	12693 TORBAY DR			ET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33428	DELETE	3.4. CITY 4.1 TITLE		 				☐ Change	Addition
TITLE NAME		T pritir	4,1 THEE		1			!	orientle	Acception
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			4.5 GITY							
TITLE		DELETE	5.1 TITLE		 			_	Change	Addition
NAME			5.2 NAM							
STREET ADDRESS			ı	T ADDRESS						
CITY-ST-ZIP			5.4 CITY							
TITLE		DELETE	6.1 TITLE		 	70-0-1			Change	Addition
NAME			6.2 NAM							
STREET ADDRESS			6.3 STRE	ET ADDRESS	1					ł
CITY-ST-ZIP			6.4 CITY							

14. I 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 arrival 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 the manged, or on an attachment with an address.

4-4-98

561-495-2775