SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000069339 (6)

A SALIDVELL INSPECTMENTA

Principal Place of Business	Mailing Address	
696 N.W. 46TH STREET MIAM! FL 33127	696 N.W. 46TH STREET Miami Fl 33127	

FILED Jul 28 1997 8:00am Secretary of State

QAMINI	TEM INVE	SIMENIS, INC.	٠										
Principal Plac	e of Busines	S	Mai	ling Address							EIE OON L	ING COLDE IN THE	
696 N.W. 46TH STREET 696 N.W. 46TH STREET MIAM! FL 33127 MIAM! FL 33127										DO NOT WRITE	E IN THIS	SPACE	
								-	3.	Date Incorporated or Qualified	3a. [Date of Last	Report
										09/05/1995	_ n	7/12/1996	8
2. Principal F	Place of Busin	ness	2a.	Mailing Address					4.	FEI Number			Applied For
21			26	26						65-0603277		1	Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional Required
City & Stat	te		28	City & State						Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip		Country		Zip	Co	untry	,		8.	This corporation owes or has p	aid the ci		
24		25	29		30					Personal Property Tax due Jun-			☐ No
	9. Name	and Address of Curr	ent Registe	ored Agent		ļ.,	T		10.	Name and Address of New R	egisterec	Agent	
		iohamed h				81	Name						
	6 N.W. 46TI					82	Street	Address	s (P	O. Box Number is Not Accepta	ble)		
MI	AMI FL 331	27											
						83							
						84	City				Fi	_	o Code
office or i	reoisternd ad	ions of Sections 607.09 Jent, or both, in the Sta th, and accept the obl	te of Florida	 Such change was : 	aufhoriza	ed by	the con-	corpora oration	ation 's b	n submits this statement for the loard of directors. Thereby acce	purpose pt the ap	of changing pointment a	its registered is registered
SIGNATURE	<u> </u>			400							DATE		
12.	Signature, typica	or printed name of registered a OFFICERS A			13.		ant signature	required v		ADDITIONS/CHANGES TO OFFI		D DIRECTO	DRS IN 12
TITLE	T D	OTT TO ETT OF		DELETE		i NTLE						☐ Change	
NAME	QAMHIY	EH, MOHANED H			1.2 (NAME							
STREET ADDRESS		. 46TH STREET			1.3 9	STREET	ADORESS						
CITY-ST-ZIP	MIAMI F	L 33127			1.4 (OTY-S	T-ZIP						
TITLE				DELETE	2.1 3	ITLE						Change	Addition
NAME					2.21	IMAN							
STREET ADDRESS					2.3 5	STREET	ADDRESS						
CITY - ST - ZIP					2. 4	CITY-5	ST- <i>7</i> 1P						
TITLE				☐ DELETE	3.11	ITLE	,					☐ Change	Addition
NAME					3.21	NAME							ı
STREET ADDRESS					3.3 9	TREFT	ADORESS						
CITY-ST-ZIP					3.4	CITY-S	ST-ZIP			<u> </u>			
TITLE				☐ DELETE	4.11	ITLE						Change	e 🔲 Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 trustoe 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

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1Y - \$1 - ZIP

Change

Change

Addition

Addition