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

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attach

CITY-ST-ZIP

FILED PROFIT Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT** # P95000074076 (7) AMIRKAR, INC. Principal Place of Business Mailing Address 14845 N.E. 6TH AVENUE 14845 N.E. 6TH AVENUE MIAMI FL 33161 MIAMI FL 33161 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified <u>09/25/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0619136 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SADEK, HUSSAM 14845 N.E.6TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33161 83 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME SADEK, HUSSAM SADEK, HUSSAM 1.2 NAME 14845 N.E. 6TH AVE. 14845 NR 6TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP MIAN IFL TITLE DELETE **Change** ☐ Addition 2.1 TITLE **NOUR, MOHAMED** NAME HOUR, MOHAMED 2.2 NAME STREET ADDRESS 14845 N.E. 6TH AVE 2.3 STREET ADDRESS NEWS N. B. CAV. CITY-ST-ZIP MIAMI FL 33161 MINNY RE 83161 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

3 12 198

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 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