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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076654 (9)**

1. Corporation Name

BUKHARI TRADING (USA), INC.

Principal Place of Business

**4995 WARRIOR LANE
KISSIMMEE FL 34746**

Mailing Address

**4995 WARRIOR LANE
KISSIMMEE FL 34746-4833**

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

09/27/1996

2. Principal Place of Business

2a. Mailing Address

21 **S249, BROKEN ARROW DR.**

26 **S249, BROKEN ARROW DR.**

4. FEI Number

59-3337711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

22 City & State

23 **KISSIMMEE, FLORIDA**

27 City & State

28 **KISSIMMEE, FLORIDA,**

24 Zip

25 Country

OSCEOLA

29 Zip

30 Country

OSCEOLA

9. Name and Address of Current Registered Agent

**ANSARI, UZMA
4995 WARRIOR LANE
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name

ANSARI, UZMA

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

S249, BROKEN ARROW DR.

83

84 City

KISSIMMEE

FL

85 Zip Code

34746

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VTD** ☒ DELETE

NAME **SIDDIQUI, KAHKASHAN**
STREET ADDRESS **8368 DIAMOND COVE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32838**

TITLE **PSD** ☐ DELETE

NAME **ANSARI, UZMA**
STREET ADDRESS **4995 WARRIOR LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)