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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90053 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PC95000076880**

1. Corporate Name

AL MEHMOUD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1375 N.W. 40TH AVE #H LAUDERHILL, FL 33313
1375 NW 40TH AVE #H LAUDERHILL, FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 **7308 SW 82ND ST. # A215**

84 City

MIAMI

FL.

85 Zip Code

33143

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]

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **HARON ISMAIL**
STREET ADDRESS: **7830 NW 33RD STREET, #101**
CITY-ST-ZIP: **HOLLYWOOD, FL 33024**

TITLE **VPD** ☐ DELETE

NAME **ABDUL AZIZ ABID**
STREET ADDRESS: **10164 NW 31ST COURT**
CITY-ST-ZIP: **SUNRISE, FL 33351**

TITLE **SD** ☐ DELETE

NAME **SHAZIA ZAKIR**
STREET ADDRESS: **7308 SW 82ND ST. # A215**
CITY-ST-ZIP: **MIAMI, FL 33143-742**

TITLE **TD** ☐ DELETE

NAME **ANWER MOTAN**
STREET ADDRESS: **2863 SW 13TH DRIVE**
CITY-ST-ZIP: **DOVERFIELD BOAKH, FL 33442**

TITLE ☐ DELETE

NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS:
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

[Signature]

SHAZIA ZAKIR SECRETARY

4/15/99

454 583 6799

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)