

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076805 (7)

1. Corporation Name

MISS FARRAH, INC.



Principal Place of Business

**2655 N. OCEAN DR.
SINGER ISLAND FL 33404**

Mailing Address

**2655 N. OCEAN DR.
SINGER ISLAND FL 33404**

2. Principal Place of Business

21 **2655 N. Ocean Drive**

Suite, Apt. #, etc.

22

City & State
23 **Singer Island FL.**

Zip
24 **33404**

Country
25 **USA**

2a. Mailing Address

26 **← SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ISMAILI, KARIM
1180 BAMINI LANE
SINGER ISLAND FL 33404**

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

N/A

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

X

Signature, typed or printed name of registered agent and date accepted.

DATE Registered Agent's signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **KARIM A. Ismaili**
STREET ADDRESS **2655 N. OCEAN DRIVE**
CITY-ST-ZIP **Singer Island FL 33404**

TITLE **Vice President** ☐ DELETE
NAME **Farrah Ismaili**
STREET ADDRESS **2655 N. Ocean Dr.**
CITY-ST-ZIP **Singer Island FL 33404**

TITLE **Secretary** ☐ DELETE
NAME **KARIM Ismaili**
STREET ADDRESS **2655 N. OCEAN DR.**
CITY-ST-ZIP **Singer Island FL 33404**

TITLE **TREASURER** ☐ DELETE
NAME **Farrah Ismaili**
STREET ADDRESS **2655 N. OCEAN DR.**
CITY-ST-ZIP **Singer Island FL 33404**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

X **KARIM Ismaili**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-844-6009

Phone Daytime Phone #

CR2E034 (12/95)