

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000077323 (0)**

1. Corporation Name

**SINCERE TRADING, INC.**

**DBA Al's One Hour Cleaner**



Principal Place of Business

Mailing Address

**501 N.E. 81ST STREET  
MIAMI FL 33138**

**501 N.E. 81ST STREET  
MIAMI FL 33138**

**North Miami, FL**

**2184 NE 123 St  
N. Miami, FL 33181**

2. Principal Place of Business

2a. Mailing Address

21 **North Miami, FL**

26 **same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **North Miami, FL**

28

24 Zip

25 Country

29 Zip

30 Country

**33181**

**U.S.A.**

**USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**10/10/1995**

3a. Date of Last Report

4. FEI Number

**65-0616325**

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

**DHANANI, ABDUL RAHIM  
501 N.E. 81ST STREET 2184 NE 123 St  
MIAMI FL 33138  
North Miami, FL 33181**

81 Name

**SAME**

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 607.1509, 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 of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SADRUDIN, ALTAF</b>	
STREET ADDRESS	<b>561 N.E. 81ST ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33138</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MERCHANT, SAMINA</b>	
STREET ADDRESS	<b>561 N.E. 81ST ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33138</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>DHANANI, ABDUL RAHIM</b>	
STREET ADDRESS	<b>501 N.E. 81ST ST. 2184 NE 123 St</b>	
CITY - ST - ZIP	<b>MIAMI FL 33138</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>North Miami</b>	
STREET ADDRESS	<b>FL 33181</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>owner</b>
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>9000017846792</b>
63. STREET ADDRESS	<b>-04/18/96--01005--002</b>
64. CITY - ST - ZIP	<b>***208.75</b>

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, unchanged, or on an attachment with an address

SIGNATURE **Abdulrahim Dhanani**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/96 305 893**  
DATE (Original Phone #) **5201**

CR2E034 (12/95)