

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 # P95000079617 (3)

1. Corporation Name

A & N DOLLAR CONNECTION INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 2:24



Principal Place of Business

911 N.E. 199 STREET #106
NORTH MIAMI BEACH FL 33179

Mailing Address

911 N.E. 199 STREET #106
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

21 17227 NW 27 Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 17227 NW 27 Ave

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33056

Country

25 U.S.

Zip

29 33056

Country

30 U.S.

9. Name and Address of Current Registered Agent

HADRI, AHMED
911 N.E. 199 STREET #106
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

4. FEI Number

65-0613051

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent is required on this statement.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HADRI, AHMED
STREET ADDRESS 911 N.E. 199 STREET #106
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is truthfully 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 or changed for on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 622-7118
[Business Phone]

CR2E034 (12/95)