

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 # P95000081705 (2)

1. Corporation Name

NEWLOOK ENTERPRISES, INC.



Principal Place of Business

19060 N.W. 57TH AVE. #302
MIAMI FL 33015

Mailing Address

19060 N.W. 57TH AVE. #302
MIAMI FL 33015

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 9075 - TAFT ST,
Suite, Apt. #, etc.

2a. Mailing Address

26 9075 - TAFT STREET,
Suite, Apt. #, etc.

4. FEI Number

65-065704

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

City & State

23 PEMBROKE PINES

City & State

28 PEMBROKE PINES

Zip

24 33024

County

25 BROWARD

Zip

29 33024

County

30 BROWARD

9. Name and Address of Current Registered Agent

LAKHA, ZULFIQAR
19060 N.W. 57TH AVE, #302
MIAMI FL 33015

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

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

4001b. Registered Agent's signature required when not a director

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAKHA, ZULFIQAR
STREET ADDRESS 19060 N.W. 57TH AVE, #302
CITY-STATE-ZIP MIAMI FL 33015

TITLE V
NAME MANSOOR, MUHAMMAD
STREET ADDRESS 6135 N.W. 186 ST., #705
CITY-STATE-ZIP HIALEAH FL 33015

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

7125 NW 186 ST #408,
MIAMI, FL 33015.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (954) 4379101

CR2E034 (12/95)