

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000084101 (1)**

1. Corporation Name
AKOTA, INC.

Principal Place of Business
**3390 WEST DAVIE BLVD.
FT. LAUDERDALE FL 33312**

Mailing Address
**3390 WEST DAVIE BLVD.
FT. LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3301 SHERIDAN STR Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD FL Zip 24 33021 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 11/01/1995	
4. FEI Number 65-0685776		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARAI, ANDRE 10014 BOYNTON PLACE CIRCLE APT. 236 BOYNTON BEACH FL 33437		10. Name and Address of New Registered Agent 81 Name MARAI, ANDRE 82 Street Address (P.O. Box Number is Not Acceptable) 3390 WEST DAVIE BLVD 83 84 City FORT LAUDERDALE FL 85 Zip Code 33312	
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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 of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	MAMUN, MIRZA A	1.2 NAME	
STREET ADDRESS	3390 W. DAVIE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	
NAME	ZUBARI, MIRZA A	2.2 NAME	
STREET ADDRESS	3390 W. DAVIE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Mirza A Mamun*

3-7-98

954-316-2475

CR2E034 (10/97)