SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Sep 17 1997 8:00am
Secretary of State

Principal Place of Business 2000 NS 29TH STREET FORT LAUDERDALE FL 33306 444 Sub 64-Arr Dovie-Fr- 32317					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1995 3a. Date of Last Report 07/09/1996			
Principal P	Place of Business	Mailing Address		···	4. FEI Number	1 -1		plied For
21		26	<u> </u>		65-0634876			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	le	City & State			Election Campalgn Financing Trust Fund Contribution		\$5.00 Added t	May Be
Zip 24	Country 25	Zip 29	Countr	у	This corporation owes or has pa Personal Property Tax due June	id the curr	ent year Int	
£4]	9, Name and Address of Current		190]		10. Name and Address of New Re			
00	RESHI, DENISE		81	Name		-	·	
2880 NE 201H OFREET FORT LAUDERDALE FL 33306				Street Add	dress (P.O. Box Number is Not Acceptate	ıle)		
				L			/	
			83	<u></u>		·		
			84	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	DIRECTORS	13.	ent signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND		
TITLE	QURESHI, MAHAMMAD	DELETE	1.1 TITLE				Change	Addition
NAME OTOGET ADDRESS	2880 NE 29TH STREET		1.2 NAME	T ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 33306		1.3 STHEE					
TITLE	ALSHA TASHOP	P. DELETE	2.1 TrTLE	2. 2.1			Change	Addition
NAME :	AISHA TASHEEN 4144 SW 64 AVE DAVIE-FL 33317	, PRESIDONT	2.2 NAME	1				
STREET ADDRESS	Charities 22717	<u>.</u>		ADDRESS				
CITY-ST-ZIP	ווננט שיי שוזחע	☐ DELETE	2.4 CHY-	ST-ZIP			Change	Addition
TITLE NAME		☐ Otten	3.1 THTLE 3.2 NAME				viiange	☐ vaning)
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CI1Y -	ST-ZIP			Change	Addition
TITLE NAME		□ DETEN	5.1 TITLE 5.2 NAME				LI Change	L AUGINON
STREET ADDRESS			- 1	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE	V1 4.11			Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET	1 ADDRESS				
CITY-ST-ZIP	1		6.4 CITY -	S1-ZIP				

14. Ido 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 eath; 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.

9-11-97

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