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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095671 (0)

MEDINA HALAL MEAT INC.

FILED May 08 1998 8:00am Secretary of State

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Principal Plac	ce of Business	- I IOBAROBI NO FOIDE DENIS DONI DUNI DUNI DUNI			EDI MEN INDI					
### 5018 W 12TH AVENUE						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualified				
2 Principal F	Place of Business	2a. Mailing Address				12/19/1995		т.		
21 26						4, FEI Number		-	oplied For ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0637224	<u>\$</u>		Additional	
22 27						5. Certificate of Status Desired	_ *	Fee Re		
City & State City & State						6. Election Campaign Financing			May Be	
Zip	Country	Zip	Cou	ntrv		Trust Fund Contribution		Added 1		
24	25	20 Country 8. This corporation owes or has paid the current Personal Property Tax due June 30.							angible No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi		it		
1	AJEED, ABDUL		1	81	Name					
5018 W 12TH AVENUE					Street Addre	ess (P.O. Box Number is Not Acceptable	9)			
SUITE 18 HIALEAH FL 33012				83						
"	ALEMI FL 33012		Į.							
			l	84	City		FL 85	1		
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statut	es, the ab	ove	e-named corpo	pration submits this statement for the pur	rpose of cha	nging it	s registered	
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 ABOUL MATAKED PLSS (DB.T 4/27/98 Signature, tyrind or profind rapper of registered agrent and thin if applicable (NOTE Registered Agent signature required when reinstating) DATE										
12.		DIRECTORS	13.	Ager	nt signature required	ADDITIONS/CHANGES TO OFFICE	BS AND DIR	ECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TiT	Lŧ		7.00110707077410201001102		Change	Addition	
NAME				ME						
STREET ADDRESS	INALEST COOLS			AEET /	ADDRESS					
CITY-ST-ZIP TITLE	HIALEAH FL 33012 VD	DELETE	1.4 CiT		T-ZIP			01	1.42000	
NAME	AKHTAR, NAVEED	CT Dettie	2.1 TIT 2.2 NAI				<u></u> П	Change	☐ Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012				T-ZIP					
TITLE	SD DELETE 31							Change	Addition	
NAME	JABBAR, ABDUL	t. i.e.	3.2 NAJ							
STREET ADDRESS	AMALEAN EL COCAC				ADDRESS					
CITY-ST-ZIP TITLE	PRALEATI FL 33012	DELETE	3.4. CIT 4.1 TITI		T-ZIP			Change	Addition	
NAME			4. 2 NA				۱ ليما ۱	u en iñe	☐ Vaningii	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	r- ZIP					
TITLE		DELETE	5.1 TITU	.E				hange	Addition	
NAME			5.2 NAM							
STREET ADORESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CfT 6.1 TiTL		- ZIP		<u> </u>	hange	Addition	
NAME		VILLIE	6.2 NAA		1		<u>.</u>	HEHIGE	L AGUITOR	
STREET ADORESS					address					
CITY-ST-ZIP			6.4 C(T)	Y-ST	- ZIP					
14. I hereby o	ertify that the information supplied v	with this filing does not qualify to	r the ever	nnti	ion stated in Se	ection 119 07/3Vi) Florida Statutas I fue	ther continut	not 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: